

Dekalb County, Tennessee – Building Inspector Appeal / Complaint Form

Page 1 – Complaint / Appeal Information (To be completed by applicant)

Date Submitted:

Case / Permit #:

Section 1: Applicant Information

Name:

Mailing Address:

Phone:

Email:

Section 2: Type of Request

Appeal of Inspector's Decision

Complaint Regarding Unsafe Conditions

Section 3: Property Information

Property Address:

Owner's Name (if different):

Section 4: Description

Explain the decision being appealed OR describe the unsafe condition and why it presents imminent danger:

Section 5: Supporting Evidence

List attached photos/documents or provide links:

Certification and Signature

I certify that the information provided is true and correct to the best of my knowledge. I understand false statements may be subject to penalties under applicable law.

Applicant Signature:

Date:

Inspector Review – Dekalb County Building Department

Page 2 – Inspector Notes & Findings (Internal Use)

Section 1: Inspector Information

Inspector Name:

Date of Review:

Section 2: Site Visit

Date of Site Visit:

Time:

Weather:

Observations:

Section 3: Findings

Outcome: No Violation Found

Violation Found

Imminent Danger Confirmed

If violation or danger confirmed, describe code references and specifics:

Section 4: Action Taken

Actions: Appeal Approved

Appeal Denied

Complaint Resolved

Notes / Orders Issued (stop work, vacate, repair deadline, etc.):

Inspector Signature:

Date: