



CODE INVESTIGATION REQUEST FORM

City of Larkspur Building Department
400 Magnolia Ave.
Larkspur, CA 94939
(415) 927-5038

OFFICE USE ONLY

DATE: _____ RECEIVED BY: _____

CE#: _____ CODE SECTION: _____

IN-PERSON CALL MAIL EMAIL

REPORTED BY:

Contact Name: _____

Address: _____

Email: _____ Phone #: _____

Note: Anonymous complaints cannot be processed. All information is kept confidential. This form can be completed, scanned, and emailed to: LarkspurBuilding@CityofLarkspur.org

PROPERTY AND ALLEGED VIOLATION DESCRIPTION

RESIDENTIAL

COMMERCIAL

OTHER: _____

Address to be investigated: _____

Business Name (required if a business): _____

Property Owner Name (if known): _____

Email: _____ Phone #: _____

Alleged violation (use a separate sheet if necessary):

OFFICE USE ONLY

ADDRESS: _____ APN#: _____

INSPECTOR: _____ DATE ENTERED: _____ BY: _____

FIRST INSEPCION DATE: _____

VIOLATION CONFIRMED (YES/NO: _____ LMC SECTION: _____

ZONING/GP/: _____ ENTITLEMENT (UP/VAR ETC): _____

NOV/STOP WORK ORDER: _____ FURTHER ACTION REQUIRED: YES NO

REFERRED TO:

CODE BUILDING PLANNING PUBLIC WORKS CMPD CMFD

ASSESSMENT/DETERMINATION: _____

ACTION TAKEN: _____

DATE	TIME	INSPECTION RESULTS	TIME SPENT	INSPECTOR