



501 S. COMMERCE AVE.  
SEBRING, FL 33870  
863-402-6643

## HIGHLANDS COUNTY BUILDING DEPARTMENT

Prior to filing your complaint with the Highlands County Building Department, it is required that you send a notarized copy of this complaint to your contractor. You must send it certified with a return receipt. Without verification of this complaint your case will not be processed. We also require a copy of the contract, and copies of canceled checks.

### *WORK SITE STREET ADDRESS*

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: (Florida) Zip: \_\_\_\_\_ County: (Highlands)

### CONTRACTOR COMPLAINT QUESTIONS

I am complaining in my capacity as a:

- |                                              |                                        |                                                        |
|----------------------------------------------|----------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Homeowner           | <input type="checkbox"/> Subcontractor | <input type="checkbox"/> Supplier                      |
| <input type="checkbox"/> Building Department | <input type="checkbox"/> Contractor    | <input type="checkbox"/> Owner of Commercial Structure |
| <input type="checkbox"/> Other: _____        |                                        |                                                        |

Select the category that best summarizes the work the contractor did for you or that you were involved in:

- |                                                                              |                                                     |
|------------------------------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Built house                                         | <input type="checkbox"/> Built addition to house    |
| <input type="checkbox"/> Remodeled House                                     | <input type="checkbox"/> Built Commercial Structure |
| <input type="checkbox"/> Air-conditioning or heating work at house           | <input type="checkbox"/> Plumbing work              |
| <input type="checkbox"/> Re-roofed or repaired part of the roof              | <input type="checkbox"/> Commercial roof work       |
| <input type="checkbox"/> Built residential pool                              | <input type="checkbox"/> Electrical work            |
| <input type="checkbox"/> Remodeled or built addition to commercial Structure | <input type="checkbox"/> other: _____               |

Please select the categories below that best describe your basic complaint:

- Poor workmanship by contractor
- Job finished, but contractor will not correct problems
- Roof leaks; contractor will not repair
- Contractor failed to pay subcontractors/suppliers
- Contractor taking unreasonable long time to do the job
- Contractor abandoned the job
- Financial dishonesty/misconduct by contractor

**FINANCIAL QUESTIONS**

1. Was your contract in writing? Yes  No
2. What was your contract price? \_\_\_\_\_
3. The contract execution date: \_\_/\_\_/\_\_
4. Amount paid to contractor: \_\_\_\_\_
5. What was the work begin date? \_\_/\_\_/\_\_
6. What was the work end date? \_\_/\_\_/\_\_
7. Have you had to pay subcontractors or suppliers directly? Yes  No
8. If you have paid subcontractors or suppliers directly, how much: \_\_\_\_\_  
Why? \_\_\_\_\_
9. Are there now unpaid bills owed to subcontractors or suppliers which contractor should have paid?  
Yes  No
10. If yes, how much: \_\_\_\_\_
11. Have you filed civil suit against a contractor? Yes  No  Obtained a judgement? Yes  No
12. Have any liens been filed? Yes  No
13. Have you fired the contractor? Yes  No
14. Did contractor sign any statements to the effect that all bills have been paid? Yes  No
15. Has the job now been completed by you or a new contractor? Yes  No

**BUILDING CODE COMPLIANCE BY CONTRACTOR**

1. Was a permit required for the work that was to be completed by the contractor? Yes  No
2. If required, was a building permit obtained from the Highlands County Building Department? Yes  No
3. Permit # \_\_\_\_\_
4. Date Issued: \_\_/\_\_/\_\_
5. Who obtained the permit? \_\_\_\_\_
6. Was the permit obtained on time? Yes  No
7. Were any inspections missed or performed late? Yes  No
8. Did the site pass final inspection by the Building Department? Yes  No
9. If no, explain: \_\_\_\_\_
10. Was a certificate of occupancy issued? Yes  No

COMPLAINANT INFORMATION

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Your Company/Occupation: \_\_\_\_\_

MAILING ADDRESS

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

CONTACT INFORMATION

Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Unlicensed Activity Complaint? Yes  No  Unknown

COMPLAINT DESCRIPTION


ARE ADDITIONAL SHEETS ATTACHED? Yes  No

*I affirm that I have provided the above information completely and truthfully to the best of my knowledge. Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of this official duty shall be guilty of a misdemeanor of the second degree (Florida Statute 837.06).*

*Sign Here:* \_\_\_\_\_

*Date:* \_\_\_/\_\_\_/\_\_\_

*Notary Public:* \_\_\_\_\_

*Stamp:* \_\_\_\_\_