



**ORANGE COUNTY BUILDING CODES BOARD OF ADJUSTMENTS AND APPEALS**

Instructions to applicant to properly complete a  
"Complaint against Holder of Certificate of Competency"

**A. GENERAL INFORMATION FOR ALL REQUESTS:**

1. You must fill each blank and completely answer each question. **Incomplete applications will not be processed.** This may result in a delay of your hearing. You may want to attach, type or write a brief statement of your problem to better understand and process your complaint.
2. If the applicant is not the owner of record of the property, the owner must sign the application or submit a notarized letter authorizing the applicant to sign it and to act as the agent.
3. Upon receipt, the application will be reviewed by the Division of Building Safety and investigated.
4. The owner or authorized agent will be notified by certified mail of the Board hearing date and time. The deadline for filing an application is two (2) weeks before the next Board meeting at **noon**.
5. Additional information may be required depending on the nature or type of request. The Division of Building Safety will contact the applicant if such further information is necessary.
6. Photos, plans, receipts, letters or other evidence submitted with any request will become part of the Board's hearing record and **will not** be returned to the applicant.
7. The owner or authorized agent **MUST** be present at the scheduled and noticed Board hearing. Once the hearing has been scheduled and noticed, the Board, at its discretion, may take action on the application or continue the case, regardless of whether the applicant or authorized agent is present. IF YOU OR ANY OTHER PERSONS WISH TO SPEAK IN FRONT OF THE BOARD, PLEASE MAKE SURE TO FILL OUT A NOTICE OF INTENT TO SPEAK FORM BEFORE THE BOARD MEETING.

**B. FEES:**

1. Fee Amounts:

(a) Complaint Against a Contractor:

- (1) Commercial..... \$106.00
- (2) One & Two Family Dwelling..... \$ 27.00

2. Application fees are non-refundable once the request has been placed on the Board's Agenda.
3. Please make check payable to: "**Orange County Division of Building Safety**"

**These instructions serve only to provide the reader with information in preparing an official Building Codes Board of Adjustments and Appeals request. The request must be submitted on an original white application obtained by visiting the Division of Building Safety or requesting one by mail. Any reproductions of the official application document will not be accepted, and will be returned to the applicant.**

**For further information, please contact Shirley Wilson at Orange County Division of Building Safety, 201 S. Rosalind Avenue, Orlando, Florida 32801. Our telephone number is (407) 836-2948 and email address is: [Shirley.Wilson@ocfl.net](mailto:Shirley.Wilson@ocfl.net)**



ORANGE COUNTY GOVERNMENT  
 BUILDING CODES BOARD OF ADJUSTMENTS AND APPEALS  
**COMPLAINT AGAINST CONTRACTOR/HOLDER OF CERTIFICATE OF COMPETENCY**

FORM 94-1

I, the complainant named below, hereby register and file this complaint against the Contractor/holder of a certificate of competency named below, and request that the Orange County Building Codes Board of Adjustments and Appeals ("BCBAA") hold a grievance hearing against this holder. ***(Please note that Orange County employees are prohibited from giving legal advice, and/or assisting with completion of this form. Please complete this form to the best of your ability, and supply as much information as possible.)***

<b>A. COMPLAINANT</b>				
1. LAST NAME	FIRST	MIDDLE	TITLE	SUFFIX
2. RESIDENTIAL OR BUSINESS ADDRESS (Number, Street, City, State and Zip Code)				
3. MAILING ADDRESS, IF DIFFERENT (Number, Street, City, State and Zip Code)				
4. TELEPHONE NUMBER(S) (Weekday Daytime) (    )    -    (    )    -			5. E-MAIL ADDRESS	
6. ARE YOU REPRESENTED BY AN ATTORNEY? <input type="checkbox"/> Yes <input type="checkbox"/> No				
7. If yes, Attorney's name, address, and phone number				
<b>B. CONTRACTOR / HOLDER OF CERTIFICATE OF COMPETENCY</b>				
8. NAME OF CONTRACTOR / HOLDER OF CERTIFICATE OF COMPETENCY (Last Name, First, Middle Initial)				
9. IS THE CERTIFICATE OF COMPETENCY ISSUED BY THE STATE OF FLORIDA? <input type="checkbox"/> Yes <input type="checkbox"/> No			10. HOLDER'S PROFESSIONAL LICENSE NUMBER, IF KNOWN:	
11. HOLDER'S BUSINESS ADDRESS (Number, Street, City, State and Zip Code)				
12. HOLDER'S MAILING ADDRESS, IF DIFFERENT (Number, Street, City, State and Zip Code)				
<b>C. LOCATION / SITE</b>				
13. LOCATION OF THE BUILDING, STRUCTURE, OR SERVICE SYSTEM THAT IS THE SUBJECT OF THIS COMPLAINT (Number, Street, City, State and Zip Code)				
14. OCCUPANCY CLASSIFICATION (e.g., residential, commercial, industrial)				
15. TYPE OF CONSTRUCTION (e.g., single-family residence, roof, swimming pool)				
16. HOW ARE YOU RELATED TO THE PROJECT LOCATION <input type="checkbox"/> Owner <input type="checkbox"/> Under Contract to Purchaser <input type="checkbox"/> Other				



## ACKNOWLEDGMENT

I, the complainant whose name appears above and whose signature appears below, understand that the Orange County Building Department may undertake an investigation of this complaint, including an inspection of the subject project, and may request additional information. I agree that I will cooperate with the investigation and provide any additional information requested.

I understand that I will be notified at least ten (10) days prior to the hearing date, and that it is important that I appear and state my case against the holder. I understand that if I do not appear, my complaint may be dismissed by the BCBA.

Lastly, I understand that I must pay, in advance, a hearing fee of \$26.00 for a complaint against a contractor who worked on a residence, or \$103.00 for a complaint against a contractor who worked on a commercial structure.

## DECLARATION

Under penalties of perjury, I declare that I have read the foregoing document and that the information and facts stated in it are true.

\_\_\_\_\_

Complainant Signature

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

SWORN and subscribed to freely and voluntarily for the purpose therein expressed before me by \_\_\_\_\_, who is known by me to be the person described herein, and who executed the foregoing. He/She is personally known to me or has produced \_\_\_\_\_ (*type of identification*) as identification.

WITNESS my hand and official seal in the County and State last aforesaid this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_

Notary Public Signature

\_\_\_\_\_

Notary Public Printed Name

My Commission Expires on:

\_\_\_\_\_

### TO BE COMPLETED ONLY BY BUILDING SAFETY DIVISION

DATE APPLICATION RECEIVED:	LICENSE NUMBER OF HOLDER OF CERTIFICATE OF COMPETENCY:
PERMIT NUMBER(S), IF ANY, UNDER WHICH HOLDER OF CERTIFICATE OF COMPETENCY ENGAGED IN WORK AT SUBJECT PROPERTY:	
OCCUPANCY CLASSIFICATION:	TYPE OF CONSTRUCTION:
TECHNICAL CODES (S) THAT MAY HAVE BEEN VIOLATED:	SECTION(S) OF TECHNICAL CODE(S) THAT MAY HAVE BEEN VIOLATED: