



TOWN OF BERNE
Building and Zoning Department

P.O. Box 57
Berne, NY 12023

Tel: (518) 872-1448

Fax: (518) 872-9303

Complaint Procedures

1. All complainants are required to give their name, address and phone number which does become part of the public record.
2. Verbal/phone complaints will not be accepted unless there is a substantial indication of an **imminent** threat to public safety.
3. Complaints that involve such issues as landlord/tenant and civil disputes, trespassing, barking dogs and farm animals are not handled by the Building Department.
4. Property line disputes are civil matters and not handled by the building department.
5. Complaint review generally involves a research of the property records before a site visit is performed. If a site visit reveals conditions that warrant a full property inspection, the property owner will be notified in writing that a scheduled inspection is required.
6. After a site visit or full property inspection is performed, research of **all** applicable regulations will be performed and a determination in writing will be rendered as to whether or not violations exist.
7. If violations exist, the property owners will be offered a reasonable amount of time to remedy the violations. They also have the right to appeal per New York State Department of State requirements.
8. If the violations are **not** remedied and an appeal is not filed within the time limitations as prescribed by law, a formal Notice of Violation and Order to Remedy Violation will be issued.
9. If the violations are not remedied by the date specified on the Order to Remedy, an appearance ticket for the Town of Berne Justice Court will be issued.
10. All complaints pertaining to open burning and outdoor wood boiler's must go through New York State Department of Environmental Conservation.

Date: _____ Time Reported _____ By _____

COMPLAINT FORM

Re: _____ - _____ - _____
Section Block Lot

Located At: _____

_____ Complainant's Name Phone No. Address

Nature of Complaint: _____

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_____ Owner of Property Phone Number Mailing Address of Owner

Tenants Name (if applicable) _____ Phone No.: _____
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Inspector Assigned: _____ Date Assigned _____

Date of Inspection: _____ Classification of Occupancy at Bldg: _____

Was building vacant or occupied at time of Inspection? _____ Other Agencies Notified: _____
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Notes: _____

RECOMMENDATION: _____

Follow up Date: _____ Signature of Inspector _____