



COMMUNITY DEVELOPMENT DEPARTMENT CUSTOMER FEEDBACK

We are continually striving to improve our services. Please provide feedback on your experience so that we can enhance our efforts. Thank you!

DATE: _____

Did you work with: BUILDING PLANNING CODE ENFORCEMENT

How would you rate your overall experience? POOR AVERAGE EXCELLENT

What brought you in to work with the Community Development Department?

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Building Permits | <input type="checkbox"/> Right of Way Permits | <input type="checkbox"/> Historic District Council: Staff or Board COA or Variance | <input type="checkbox"/> Planning Advisory Board: Zoning, Land Use, Annexations |
| <input type="checkbox"/> Sign Permit | <input type="checkbox"/> Zoning Review: Fence, Shed, Deck | <input type="checkbox"/> Planning Admin Review: Minor Subdivision, Context Sensitive Review | <input type="checkbox"/> Board of Adjustment |
| <input type="checkbox"/> Tree Permit | <input type="checkbox"/> Technical Review Committee/Site Plan Review | | <input type="checkbox"/> Code Enforcement Issue |
| <input type="checkbox"/> Other: _____ | | | |

Was CDD Staff helpful and courteous? YES NO

Was the process explained in an easy to understand manner? YES NO

Were the ordinances or codes clearly explained? YES NO

Did CDD Staff alert you to other departments you may need to talk to? YES NO

(If applicable)

If no was checked to any of the above, please list comments below or on the back of the sheet.

Any Comments: _____

Any suggestions on how CDD can help the City be more business or resident friendly?

Would you like a meeting with the Department Director or Building Official to discuss your experience?

YES NO If yes, please leave your contact information below.

IF YOU WISH, PLEASE LEAVE YOUR CONTACT INFORMATION:

NAME: _____

PROJECT ADDRESS: _____

OWNER PHONE/EMAIL: _____/_____