



**Caroline County Department of Planning, Codes & Engineering  
Division of Codes Enforcement**

Health & Public Services Building  
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**CODE VIOLATION REPORTING FORM**

**CHECK THE BOX FOR EACH VIOLATION BEING REPORTED:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> UNTAGGED/JUNK VEHICLES      | <input type="checkbox"/> HOME-BASED BUSINESS   | <input type="checkbox"/> TREE CLEARING    |
| <input type="checkbox"/> LIVABILITY/UNSAFE STRUCTURE | <input type="checkbox"/> BUILDING W/OUT PERMIT | <input type="checkbox"/> TRASH AND DEBRIS |

IF NOT LISTED ABOVE, PLEASE GIVE A BRIEF DESCRIPTION:

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**LOCATION OF THE VIOLATION:**

**REMEMBER . . . THE INSPECTOR MUST OBSERVE A VIOLATION BEFORE ENFORCEMENT ACTION CAN BE TAKEN**

IS THE VIOLATION VISIBLE FROM THE ROAD:  YES  NO

IF NOT, DOES THE INSPECTOR HAVE PERMISSION  
TO ENTER YOUR PROPERTY TO VIEW THE VIOLATION:  YES  NO

IS THIS PROPERTY IN THE **CRITICAL AREAS**:  YES  NO

PREMISE ADDRESS/GENERAL LOCATION: \_\_\_\_\_  
\_\_\_\_\_

ED: \_\_\_\_\_ MAP: \_\_\_\_\_ GRID: \_\_\_\_\_ PARCEL: \_\_\_\_\_ LOT: \_\_\_\_\_

**CONTACT INFORMATION:**

DO YOU WISH TO BE CONTACTED AFTER THE CODES  
ENFORCEMENT OFFICER COMPLETES THE INVESTIGATION:  YES  NO

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

DAYTIME PHONE NO: \_\_\_\_\_

- OFFICE USE ONLY -

DATE: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_