



BUILDING CODE COMPLIANCE OFFICE

6501 Magic Way, Building 100C

Orlando, Florida 32809

Telephone (407) 317-3794 Fax (407) 317-3950

Email: BuildingCode@ocps.net – Web: [Building Code Compliance Office](http://BuildingCodeComplianceOffice.com)

Building Code Compliance Office Customer Service Questionnaire

In an effort to provide the highest quality of service, we would appreciate your feedback!

What was the purpose of your visit?

Building Code Information/Questions

	Excellent	Good	Fair	Poor
Overall service quality:	_____	_____	_____	_____
Employee attitude:	_____	_____	_____	_____
Employee knowledge:	_____	_____	_____	_____
Timeliness:	_____	_____	_____	_____

Permit Process

	Excellent	Good	Fair	Poor
Overall service quality:	_____	_____	_____	_____
Employee attitude:	_____	_____	_____	_____
Employee knowledge:	_____	_____	_____	_____
Timeliness:	_____	_____	_____	_____

Plan Review

	Excellent	Good	Fair	Poor
Overall service quality:	_____	_____	_____	_____
Employee attitude:	_____	_____	_____	_____
Employee knowledge:	_____	_____	_____	_____
Timeliness:	_____	_____	_____	_____

Inspections

	Excellent	Good	Fair	Poor
Overall service quality:	_____	_____	_____	_____
Employee attitude:	_____	_____	_____	_____
Employee knowledge:	_____	_____	_____	_____
Timeliness:	_____	_____	_____	_____



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Issuance of Certificate of Occupancy/Conditional Certificate of Occupancy/Certificate of Construction Completion

	Excellent	Good	Fair	Poor
Overall service quality:	_____	_____	_____	_____
Employee attitude:	_____	_____	_____	_____
Employee knowledge:	_____	_____	_____	_____
Timeliness:	_____	_____	_____	_____

Suggestions/Comments:

Thank you for your comments!

Thank you for completing this questionnaire. If indicated below, we will contact you on specific concerns. If you desire, you may contact the Building Code Compliance Office by telephoning (407) 317-3794 or by email at BuildingCode@ocps.net.

I wish to be contacted: ____

I do not wish to be contacted: ____

I wish to be contacted by the Building Code Compliance Office Director personally: ____

If you wish to be contacted, please fill out the following:

Name_____ Company_____

Address_____ Phone_____

City/State_____ E-mail_____

Date_____