



# Development Review - Customer Service Survey

**Dear customer:** You were recently involved in a completed development application. I hope that you will take the time to evaluate your experience in the processing of this application through the Community Development Department. It will help us learn what we're doing right and where we can make more improvements. I will personally review all responses and respond to your comments and suggestions if you request it. Please complete the form below to submit your comments. You may submit your comments directly to me via email at [mjones@fortbragg.com](mailto:mjones@fortbragg.com). Thank you.

**Marie Jones, Director**  
**Community Development Department**

## Type of Application:

<input type="checkbox"/> Building Permit	<input type="checkbox"/> Sign Permit
<input type="checkbox"/> Use Permit/Minor Use Permit	<input type="checkbox"/> Design Review
<input type="checkbox"/> Coastal Development Permit	<input type="checkbox"/> Subdivision/Lot Line Adjustment
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

1. Are you  the applicant, or  the agent, or  the Contractor, or  the owner?

2. Who assisted you with your application? (Check all that apply)

<input type="checkbox"/> Tess Spade	<input type="checkbox"/> June Lemos	<input type="checkbox"/> Marie Jones	<input type="checkbox"/> Tom Varga
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3. Please rate your level of satisfaction with:

	Very Satisfied	Somewhat Satisfied	Somewhat Disappointed	Very Disappointed
staff courtesy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
how well staff explained the process to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
how well staff explained technical or policy issues relevant to your case	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
how long the process took	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
the final outcome for your application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
City fees for the review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The City's zoning regulations as they relate to your project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Please provide any other comments or suggestions for the Community Development Department that you think would improve service:

5. Thank you for taking the time to complete this evaluation. Your comments may remain anonymous if you prefer, or you can provide your contact info below if you do not want to remain anonymous. You may also contact the Director any time with your concerns by telephone 707-961-1807 or email: [mjones@fortbragg.com](mailto:mjones@fortbragg.com)

- I would like a response to my comments above
  - I wish to be contacted by the Director personally to provide additional comments
- I prefer to be contacted by  mail, or  email, or  phone.

**Application Name or Number:**

*(Optional)*  
Name:

Address:

City:  State:  Zip Code:

Email Address:

Phone: