



Inspections and Permits – Customer Satisfaction Survey

The Administration takes your customer satisfaction of Department of County Services and Code Enforcement provided to you seriously. Please take a moment to tell us about your recent experience. Your responses will help us as we strive to improve our service levels and processes.

1. Were Jefferson County employees helpful and knowledgeable in answering your questions?

Yes No N/A

2. During the process, were you treated with courtesy and respect?

Yes No N/A

3. Did you feel welcome when you contacted the County Staff?

Yes No N/A

4. Was the time it took to complete the permit process acceptable?

Yes No N/A

4.a. How many business days did the permitting process take for your permit? _____

Please rate your level of agreement with the following statements. Use a 1 to 5 scale where 1 is “strongly disagree” and 5 is “strongly agree”.

1. County staff were courteous

1 2 3 4 5 N/A

2. County staff were professional

1 2 3 4 5 N/A

3. County staff were knowledgeable
 1 2 3 4 5 N/A
4. The process was easy to understand
 1 2 3 4 5 N/A
5. The process met my timing needs
 1 2 3 4 5 N/A
6. Overall, my most recent experience with APPLYING for a building permit was excellent
 1 2 3 4 5 N/A
7. Overall, my most recent experience with PLAN REVIEW was excellent
 1 2 3 4 5 N/A
8. Overall, my most recent experience with SCHEDULING building inspections was excellent
 1 2 3 4 5 N/A
9. Overall, my most recent experience with INSPECTIONS (building, plumbing, mechanical, electrical) conducted for my project was excellent
 1 2 3 4 5 N/A
10. Overall, my most recent experience with the Jefferson County staff and processes was excellent
 1 2 3 4 5 N/A
11. During your most recent interaction with Jefferson County's Building Department, you were a:
- | | |
|--|--|
| <input type="checkbox"/> Jefferson County homeowner | <input type="checkbox"/> Trade contractor (plumbing, mechanical, electrical, etc.) |
| <input type="checkbox"/> Carpenter/Framer | <input type="checkbox"/> General contractor |
| <input type="checkbox"/> Developer | <input type="checkbox"/> Realtor |
| <input type="checkbox"/> Design/build firm | <input type="checkbox"/> Other |
| <input type="checkbox"/> Design professional (architect, engineer) | (Please specify) _____ |

12. How many staff members within the department did you personally work or communicate with during your process? (This includes at the counter, over the phone, in the field for an inspection, etc.)

Number:

13. Please provide comments or suggestions about your most recent experience. You may also include additional information to help us identify your most recent project, such as the address or permit number.

14. Would you like to be contacted by someone on our staff about your experience with the department?

Yes No

Contact Information (optional)

Name _____

Address _____

Phone _____

Email _____

Best time to contact _____

**PLEASE RETURN TO:
OFFICE OF THE COUNTY EXECUTIVE
ADMINISTRATION CENTER
729 MAPLE STREET
PO BOX 100
HILLSBORO, MO 63050**

Sent _____ Received _____