



**Department of Planning and Community Development
Building Permits Division**

1010 10th Street, Suite 3400
Modesto, CA 95354-0868
Phone: 209.525.6557
Fax: 209.525.7759

Permit Research Request Form

******Date of request: _____ ******Records requested by: _____
******Phone number: _____ ******Email address: _____

All items with a ** are required information.

The following construction permit information is available through this department:

****Please check the box next to the type of information that you are requesting.**

- Construction permit:
This may contain the job description, contractor, architect/engineer, and the property owner's name.
- Approved inspection log.
- Site plans (these may or may not show the location of a septic system and/or well).
- Other: _____
 - Any plans, site plans, calculations, etc. that have been signed by an architect or engineer are not available for copies. These are view only records.
 - All documents listed above may not be available for all projects.
 - All plans and/or calculations for residential projects are disposed of 90 days after project completion. This department will not have these copies.

Please fill in as much information as possible. This will help us to better assist you.

Please indicate in the box below if you would like copies of the requested documents or if you are only requesting verification that a permit was issued for the project.

******Job site address: _____

******APN #: _____ - _____ - _____

Permit Number	** Project Description	Approximate	** Copies or
		Construction Date	Verification Only

The research will be completed within ten business days after the date the request has been received.

A research fee shall be charged for all research requests at the weighted hourly rate of \$53.00 per hour. **A deposit with a minimum charge of one-half hour or \$26.50 must be submitted at the time of written request.** Any remaining balance due shall be collected upon completion of the research.

The cost for each copy of 8 1/2" X 11" is \$0.25 per page. The cost for each copy of 11" X 17" is \$0.50 per page. Authorized plan copies will be charged at a rate of \$2.00 per page.

FOR OFFICE USE ONLY

Deposit..... \$ 26.50 Paid
 _____ Copies @ \$0.25 ea \$ _____
 _____ Copies @ \$0.50 ea \$ _____
 _____ Copies @ \$2.00 ea \$ _____
 _____ Hrs. @ \$53.00 an hour ... \$ _____
 Total \$ _____

Date received: _____ Rec.by (Init.): _____
 Date completed / notified: _____
 Prepared by: _____

Date records will be picked up and remaining balance paid: _____