



**DEPARTMENT OF PLANNING AND COMMUNITY DEVELOPMENT
BUILDING PERMITS SERVICES**

1010 10TH Street, Suite 3400, Modesto, CA 95354

Phone: (209) 525-6557 Fax: (209) 525-7759

Form Available Online: www.stancounty.com/planning/applications.shtm

**Building Permits Services
Permit Research Request Form**

To better assist you all fields must be completed unless otherwise indicated.

The research will be completed within ten business days from the date the request was received. A research fee shall be charged for all research requests at the weighted hourly rate of \$69.00 per hour.

A deposit with a minimum charge of one half hour, \$35.00, 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 \$1.00 per page. The cost for each copy of 11" x 17" is \$1.00 per page. Authorized plan copies will be charged at a rate of \$2.00 per page.

Check the appropriate box below.

☐ I am requesting copies of documents.

☐ No copies requested. I am only requesting verification that a permit was issued for a project.

Job Site Address: _____ **APN #:** ____-____-____

Project Description: _____

Permit Number (If Known): _____

Approximate Construction Date (If Known): _____

The following construction permit information is available through the Planning & Community Development.*

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:** _____

The documents listed may not be available for specific projects. All plans and/or calculations for residential projects are disposed of 90 days after project completion. This department will not have copies.

**Please note that 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.*

_____	_____
Date	Print Your Name
_____	_____
Phone Number	E-Mail Address

Check Instructions

Make checks payable to “**STANISLAUS COUNTY**” and include your name and phone number in the memo line. Failure to properly address your check and or failure to include your contact information may result in a delay in processing your Permit Research Request.

Instructions for Submitting a Permit Research Request Online**

To submit your request online E-Mail the completed form to: Building@stancounty.com

In the subject line type “**Permit Research Request**” and list the site address.

In order to process your Permit Research Request you will need to mail your check to:

Stanislaus County Planning & Community Development
Attn: Building Permits Services
1010 10th Street, Suite 3400
Modesto, CA 95354

****Your Permit Research Request will not be processed until your deposit has been received.**

To inquire about the status of your Permit Research Request please call (209) 525-6657.

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FOR OFFICE USE ONLY

Deposit _____	\$ 35.00	Paid <input type="checkbox"/>	Date Received: _____
_____	Copies at \$1.00 Each	\$ _____	Received By (Initial): _____
_____	Copies at \$0.25 Each	\$ _____	Date Completed: _____
_____	Copies at \$2.00 Each	\$ _____	Date Requestor Was Notified: _____
_____	Hours at \$69.00/Hour	\$ _____	Prepared By: _____
	Total	\$ _____	

Date Records Will Be Picked Up & Remaining Balance Will Be Paid: _____