



## RECORDS REQUEST FORM

PROPERTY INFORMATION																
Requested Street Address:	Unit, Floor, etc.															
Corner building? <input type="checkbox"/> Yes <input type="checkbox"/> No Other possible addresses:	<table style="width: 100%; border: none;"> <tr> <td style="width: 15%; text-align: center; vertical-align: middle;"><b>Building Occupancy</b></td> <td style="width: 15%;"><input type="checkbox"/> 1-2 Family</td> <td style="width: 15%;"><input type="checkbox"/> Apartment</td> <td style="width: 15%;"><input type="checkbox"/> Condominium</td> <td style="width: 15%;"><input type="checkbox"/> Mixed Use</td> </tr> <tr> <td></td> <td><input type="checkbox"/> High Rise</td> <td><input type="checkbox"/> Warehouse</td> <td><input type="checkbox"/> Commercial</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Bank</td> <td colspan="3"><input type="checkbox"/> Other: Specify _____</td> </tr> </table>	<b>Building Occupancy</b>	<input type="checkbox"/> 1-2 Family	<input type="checkbox"/> Apartment	<input type="checkbox"/> Condominium	<input type="checkbox"/> Mixed Use		<input type="checkbox"/> High Rise	<input type="checkbox"/> Warehouse	<input type="checkbox"/> Commercial			<input type="checkbox"/> Bank	<input type="checkbox"/> Other: Specify _____		
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	<input type="checkbox"/> Bank	<input type="checkbox"/> Other: Specify _____														
Applicant Information																
Name:	Signature:															
Address:	Phone (area code and extension):															
Email																
BUILDING RECORDS																
<input type="checkbox"/> <b>PRINT</b> All jobs \$100.01 - \$199.99 require prior authorization to printing. <input type="checkbox"/> <b>OK to process</b> _____ (applicant's initials)																
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> ORIGINAL Building Permit (New Construction)  <input type="checkbox"/> ALL Building Permit Applications  <input type="checkbox"/> ALL Advertisement Sign Permit Applications  <input type="checkbox"/> ALL Building Permit <b>Job Cards</b>  <input type="checkbox"/> ALL Certificate of Final Completion (CFC) <input type="checkbox"/> NC Only <input type="checkbox"/> Latest Only                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> ALL Electrical Permits  <input type="checkbox"/> ALL Plumbing Permits / Mechanical Permits  <input type="checkbox"/> ALL Notices of Violation/Complaints <input type="checkbox"/> Active Only                 </td> </tr> </table>		<input type="checkbox"/> ORIGINAL Building Permit (New Construction) <input type="checkbox"/> ALL Building Permit Applications <input type="checkbox"/> ALL Advertisement Sign Permit Applications <input type="checkbox"/> ALL Building Permit <b>Job Cards</b> <input type="checkbox"/> ALL Certificate of Final Completion (CFC) <input type="checkbox"/> NC Only <input type="checkbox"/> Latest Only	<input type="checkbox"/> ALL Electrical Permits <input type="checkbox"/> ALL Plumbing Permits / Mechanical Permits <input type="checkbox"/> ALL Notices of Violation/Complaints <input type="checkbox"/> Active Only													
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BUILDING PLANS – TO REQUEST COPIES OF PLANS, PLEASE VISIT REFER TO OUR WEBSITE @ <a href="https://sfdbi.org/DOP">https://sfdbi.org/DOP</a> . Note: All Plans are for View Only in our Office. While viewing the plans, you will need to identify the design professionals who stamped each plan sheet and write their name and license number in the worksheet provided by the Records Management Staff.																
<input type="checkbox"/> Original Building Plans (New Construction) <span style="float: right;"><input type="checkbox"/> ALL Advertisement Sign Plans</span> <input type="checkbox"/> ALL Building Plans																
OR SPECIFIC DOCUMENTS BY PERMIT APPLICATION																
<input type="checkbox"/> OTHER: Permit Application No. _____ <input type="checkbox"/> Building Permit <input type="checkbox"/> Job Card <input type="checkbox"/> CFC <input type="checkbox"/> Plans <input type="checkbox"/> Electrical Permit <input type="checkbox"/> Plumbing Permit <input type="checkbox"/> Notice of Violation/Complaint																
OR SPECIFIC DOCUMENTS BY DATE RANGE																
<input type="checkbox"/> DATE RANGE From _____ To _____ <input type="checkbox"/> Building Permit <input type="checkbox"/> Job Card <input type="checkbox"/> CFC <input type="checkbox"/> Plans <input type="checkbox"/> Electrical Permit <input type="checkbox"/> Plumbing Permit <input type="checkbox"/> Notice of Violation/Complaint																
ADDITIONAL COMMENTS																