



Public Records Request

Department of Growth Management

May 2012

Date: _____

Requestors Name: _____ Phone: _____

e-mail: _____

ITEMS REQUESTED (Please check all that apply)

RESIDENTIAL COMMERCIAL

Building Department:

BUILDING PERMIT BUILDING PLANS

OTHER (Please Specify) _____

Planning Department:

DEVELOPMENT ORDER REZONING FILE

OTHER (Please Specify) _____

PROPERTY INFORMATION

PROPERTY ADDRESS: _____

LOT: _____ BLOCK: _____ S/D: _____

PARCEL ID NUMBER: _____

PERMIT NUMBER: _____ DATE FINALED: _____

BUILDERS NAME: _____

****There will be a charge of 15 cents per single page, 20 cents per double sided page and \$1 per page for certified copies.****

Office Use Only

Staff Name: _____ Date: _____

RESULTS OF SEARCH: _____
