

ARCHIVE RETRIEVAL REQUEST

Date: _____

Address / APN: _____

Permit Numbers:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If Commercial or SFD plans will be copied, is the permission from the architect on file? _____

Name of Architect: _____

Approval Date: _____

I understand that there is a \$33.35/hour archival retrieval fee to be paid in advance and there is no guarantee that the items requested will be found in archives and a fee will be charged for any copies requested. If the copies are of a commercial building or sfd plans, the architect or engineer, if any, must give written permission prior to copying plans.

Signature

Date

Print Name

Phone: _____

Receipt Number: _____

IF YOU INTEND TO REMOVE ARCHIVED PLANS FOR COPYING ELSEWHERE, A DEPOSIT OF \$500 IS REQUIRED.