

Time: _____	DST: _____
	Director: _____

REQUEST FOR RESEARCH

NOTICE: THE COST OF THE RESEARCH IS \$6.00.

Today's Date _____

INFORMATION WILL BE AVAILABLE WITHIN THREE WORKING DAYS AFTER REQUEST AND PAYMENT RECEIVED.

REQUESTED BY: _____

PHONE NO.: _____ **FAX NO.:** _____

EMAIL ADDRESS: _____

SUBMITTED VIA:

- In Person By Fax (209) 742-5024 By E-mail (building@mariposacounty.org)

Purpose of Request:

- Copy of Permit Only Copy of Site Plan Only List of Permits on Property with date of Final. Miscellaneous- Be specific _____

**For processing purposes, this office requires the following information:
(This information can be obtained through the Assessor's Office.)**

APN _____ **Address of Property** _____

Please list the names of previous property owners starting with present owner name.



FOR OFFICE USE ONLY

Research Fee (\$6.00 per request) _____ \$ _____

8 ½ x 11 copy @ \$.30 for first page and \$.20 for all others _____ @ _____ \$ _____

8 ½ x 14 copy @ \$.30 for first page and \$.20 for all others _____ @ _____ \$ _____

11 x 17 copy @ \$1.00 for each page _____ @ _____ \$ _____

CD \$2.00 plus labor* _____ @ _____ \$ _____

*Labor cost is \$18.78 per hour (one hour minimum) _____ @ _____ \$ _____

Total Pages Copied / Total Fees Charged **# of Pages** _____ / \$ _____

