

BUILDING Records
Tel: 305-673-7000 ext 4249, Fax: 786-394-4042

RECORDS REQUEST FORM

Name: _____ Date: _____

Property Address: _____ Suite/Type: _____

Phone # _____ Fax # _____ Email _____

Please allow up to 5 business days for processing.

****Completed requests must be picked up within 10 business days after notification.****

Please select media type:

- Microfilm copies - \$1.00 per sheet.
 CD - \$2.00

Please check off item(s) needed:

- | | | |
|---|--|--|
| <input type="checkbox"/> Survey/Site Plan | <input type="checkbox"/> Foundation Plan | <input type="checkbox"/> Copy of Permit Application |
| <input type="checkbox"/> Orig Construction Plan | <input type="checkbox"/> Elevation Plan | Permit #: _____ |
| <input type="checkbox"/> Floor Plan | <input type="checkbox"/> Building Card | Folio #: _____ |
| <input type="checkbox"/> Structural Plan | <input type="checkbox"/> Mechanical Plan | Other, explain: <div data-bbox="1091 1415 1409 1614" style="border: 1px solid black; width: 196px; height: 95px; display: inline-block; vertical-align: top;"></div> |
| <input type="checkbox"/> Electrical Plan | <input type="checkbox"/> Plumbing Plan | |

Comments **(For Office Use Only):**

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