



## 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	

PRINT BUILDING RECORDS – To view records please visit our office	
<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 / Inspection History</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

PRINT SPECIFIC DOCUMENTS BY PERMIT APPLICATION	
<input type="checkbox"/> OTHER: Permit Application No. _____	
<input type="checkbox"/> Building Permit <input type="checkbox"/> Job Card / Inspection History <input type="checkbox"/> CFC <input type="checkbox"/> Electrical Permit <input type="checkbox"/> Plumbing Permit <input type="checkbox"/> Notice of Violation/Complaints	

PRINT SPECIFIC DOCUMENTS BY DATE RANGE	
<input type="checkbox"/> DATE RANGE From _____ To _____	
<input type="checkbox"/> Building Permit <input type="checkbox"/> Job Card / Inspection History <input type="checkbox"/> CFC <input type="checkbox"/> Electrical Permit <input type="checkbox"/> Plumbing Permit <input type="checkbox"/> Notice of Violation/Complaints	

**BUILDING PLANS** – All requests for plans are for **VIEW FIRST ONLY – IN OUR OFFICE**. All transactions for duplication of plans are done in-house. For more information on this process, please follow this link: <https://sf.gov/dop>. The notarized affidavit of owner is a requirement; including owner-applicant.

ADDITIONAL COMMENTS