



COMMUNITY DEVELOPMENT AGENCY

DEVELOPMENT SERVICES DIVISION

<http://www.edcgov.us/DevServices/>

PLACERVILLE OFFICE:

2850 Fairlane Court, Placerville, CA 95667

BUILDING

(530) 621-5315 / (530) 622-1708 Fax

blgddept@edcgov.us

PLANNING

(530) 621-5355 / (530) 642-0508 Fax

planning@edcgov.us

LAKE TAHOE OFFICE:

924 B Emerald Bay Rd

South Lake Tahoe, CA 96150

(530) 573-3330

(530) 542-9082 Fax

PARCEL RESEARCH REQUEST

**All information must be complete and accurate for us to process this request.
Research cannot be completed without the parcel number.**

Research fees are based on the time required to complete the research and the costs for photocopies. A minimum fee of \$30.00 is required with the submittal of this form for each research request. Additional research time is charged at \$108.88 per hour.

The first 20 photocopies are included in the minimum fee. Additional copies are charged at 15¢ per page from active permit files and 20¢ per page from microfiche files. The cost for copies of active or scanned plans that are larger than 8 ½ x 11 inches is \$1.50 per page. Full payment is required at the completion of research for any additional costs. If an estimate of work is greater than \$50.00, an additional deposit will be required to complete the research.

Research requests can be submitted in person or mailed to the address above. Research results will only be held for 30 days after notification of research completion.

ASSESSOR'S PARCEL NUMBER: _____ (ex: 006-138-06-1. **Cannot process without parcel number**)

PROPERTY ADDRESS: _____

DATE: _____ **CURRENT PARCEL OWNER:** _____

Approximate age of structure(s) (no records prior to 1960): _____ **year or years built:** _____

Note: Contact Environmental Management Dept. at (530) 621-5300 for research on Septic Systems installed after 1978.

Check specific research requested:

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> ALL Permits | <input type="checkbox"/> Grading Permit | <input type="checkbox"/> Remodel Permit | <input type="checkbox"/> Deck Permit |
| <input type="checkbox"/> Dwelling Permit | <input type="checkbox"/> Addition Permit | <input type="checkbox"/> Plot Plan | <input type="checkbox"/> Manufactured Home |
| <input type="checkbox"/> Woodstove Permit | <input type="checkbox"/> Conversion Permit | <input type="checkbox"/> Floor Plan | <input type="checkbox"/> 2 nd Dwelling/Granny Flat |
| <input type="checkbox"/> Gas Installation Permit | <input type="checkbox"/> Swimming Pool Permit | <input type="checkbox"/> Encroachment Permit | |
| <input type="checkbox"/> Septic Permit (prior to 1978) | <input type="checkbox"/> Barn Permit | <input type="checkbox"/> Garage/Shop Permit | |
| <input type="checkbox"/> Other records: Explain: _____ | | | |

Please provide the following information so that we may process your request:

- Mail to address below Email Will Pick up at County Office Contact if exceeding 20 copies

Requestor's Name (Please Print): _____ Phone : (_____) _____ - _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

(OFFICE USE ONLY)

Date Received: _____ Time Received: _____ Received by: _____

Amount Received: \$ _____ Cash Check # _____ Receipt # _____ Initials: _____