

(OFFICE USE ONLY)

Amount Received: \$ _____

PLANNING AND BUILDING DEPARTMENT

https://www.eldoradocounty.ca.gov/Land-Use/Building-Services

PLACERVILLE OFFICE: 2850 Fairlane Court, Placerville, CA 95667 BUILDING

| (530) 621-5315 | bldgdept@edcgov.us | PLANNING | (530) 621-5355 | planning@edcgov.us |

LAKE TAHOE OFFICE:
924 B Emerald Bay Road
South Lake Tahoe, CA 96150
(530) 573-3330
bldgdept@edcgov.us

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 requests can be submitted in person, mailed to the address above, or emailed to <u>BuildingResearch@edcgov.us.</u>
Research results will only be held for 30 days after notification of research completion. Research fees are based on a tiered system as follows:

Tier 1: Records dated 1988 – There will be NO charge

Tier 2: Records dated 1975 – 1988 There will be a \$39.00 charge

Tier 3: Records prior to 1975 – Charges are based on Time and Materials (T&M) at our hourly rate of \$144.00

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. ASSESSOR'S PARCEL NUMBER (APN): ______ (ex: 006-138-06-1) APN MUST BE LISTED TO PROCESS PROPERTY ADDRESS: _____ CURRENT PARCEL OWNER: DATE: 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: ☐ ALL Permits ☐ Plot Plan ☐ Floor Plan ☐ Grading Permit ☐ Dwelling Permit ☐ Manufactured Home ☐ Accessory Structure ☐ Swimming Pool Permit ☐ Encroachment Permit ☐ Inspection Records ☐ Septic Permit (prior to 1978) ☐ Other records: **Explain**: South Lake Tahoe: \square Coverage Information \square Site Assessment Please provide the following information so that we may process your request: ☐ Mail to the address below ☐ Email ☐ Will pick up at County Office Mailing Address: Zip Code: City: _____ State: ____

Date Received: _____ Received by: _____ Parcel Activity # _____

☐ Cash ☐ Check # _____





PLANNING AND BUILDING DEPARTMENT

AFFIDAVIT

Request for Duplication of the Official Copy of Building Plans

I request a duplicate copy of the official building plans for permit number **Original Owner** I affirm I am the original owner, and this copy is for replacement of plans during construction Initial which the permit it still active. OR **Current Owner (Not Original Owner) and All Others** I attest1 That the copy of the plans shall only be used for the maintenance, operation, and use of the building. That drawings are instruments of professional service and are incomplete without the interpretation of the certified, licensed, or registered professional of record. That Business and Professional code Section 5536.25(a) states that a licensed architect who signs and stamps plans, specifications, reports, or documents shall not be responsible for damage caused by subsequent changes to or uses of those plans, specifications, reports, or documents, where the subsequent changes or uses, including changes or uses made by state or local government agencies, are not authorized or approved in writing by the licensed architect who originally signed the plans, specifications, report or documents, provided that the written authorization or approval was not unreasonably withheld by the architect and the architectural service rendered by the architect who signed and stamped the plans, specifications, reports, or documents was not also a proximate cause of the damage. I have read the items above and acknowledge compliance with the provisions. Initial Printed name of the person requesting copy of plans Telephone Number Address State Zip Code Signature of the person requesting copy of plans Date

For Office Use Only - Attach additional names/addresses on separate page, if necessary Original Owner **Current Owner Board of Directors** Name Address Citv State/Zip Date Sent/Initials Date Received Professional of Record Professional of Record Professional of Record Name Address City State/Zip Date Sent/Initials Date Received

¹ Per California Health & Safety Code Section 19851 (c)