



**CONTRA COSTA COUNTY
DEPARTMENT OF CONSERVATION & DEVELOPMENT
BUILDING INSPECTION DIVISION
30 MUIR ROAD
MARTINEZ, CA 94553-1295
PHONE: (925) 674-7213
FAX: (925) 674-7244**

RECORDS RESEARCH REQUEST FORM

Your Name _____ Date: _____
Address _____ Suite# _____ Ph# _____
City/State/Zip _____ Fax# _____
Site to be researched _____
Information Requested _____

****A \$15.00 initial fee required with request form submittal.**
Please see item # 2 for all additional fees & charges.**

How would you like to receive the records research data?
(Check one)

Fax (*NOTE: We do not fax or e-mail over 10 pages.*) Mail In Person

Please note the following information:

1. Record research is provided on a first-come-first-serve basis. Due to staff shortages, requests may take up to 2 weeks or more, and you will be notified by phone when your request is completed.
2. The retrieval / research fee is \$60.00 per hour (for large researches), with a \$15.00 minimum payment due upon submission of the request. The copy fee is \$.10 each for 8-1/2"x11" and \$.20 for larger documents, with a \$1.00 minimum fee. Documents requested to be certified have an additional charge of \$4.50 for the first page and \$1.00 for each additional page. Copies of plans that are larger than can be reproduced by our equipment will be charged at the actual cost of the outside service bureau.
3. The fee is payable by cash, check, or credit card. We will notify you of the total amount of fees upon completion of the research.
4. If you are requesting copies of plans, we can only release them to the current homeowner, unless written authorization is obtained. If a licensed architect or engineer has stamped the plans, State Law requires the department to request permission before making the plans available to you. This process could take up to 40 days. If this applies to you, the Records Clerk will supply you with an affidavit to complete. This costs \$15 to process the affidavit.

For faxed request, please complete the following:

We accept VISA, MASTERCARD, DISCOVER & AMERICAN EXPRESS

Credit Card # _____ Expiration Date: _____

Name on Card: _____ Signature _____
(Please Print) (Authorizes Credit Card Payment of Fee)

****All fees are subject to change and will be charged at the rate in effect at the time your payment is made.**