



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 BuildingResearch@edcgov.us. 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 **\$42.00** charge

Tier 3: Records prior to 1975 – Charges are based on Time and Materials (T&M) at our hourly rate of \$167.00

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: _____

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"/> Plot Plan | <input type="checkbox"/> Floor Plan |
| <input type="checkbox"/> Dwelling Permit | <input type="checkbox"/> Manufactured Home | <input type="checkbox"/> Accessory Structure | |
| <input type="checkbox"/> Swimming Pool Permit | <input type="checkbox"/> Encroachment Permit | <input type="checkbox"/> Inspection Records | |
| <input type="checkbox"/> Septic Permit (prior to 1978) | <input type="checkbox"/> Other records: Explain: _____ | | |

South Lake Tahoe:

- ☐ Coverage Information ☐ 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

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

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Email: _____

(OFFICE USE ONLY)

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

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



PLANNING AND BUILDING DEPARTMENT

For Office Use Only – APN:

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

Initial

I affirm I am the original owner, and this copy is for replacement of plans during construction 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.

Initial

I have read the items above and acknowledge compliance with the provisions.

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			
City			
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)