

Report of Building Records Request FAX to: (805) 654-7587 or

Mail to: Building & Safety Division, Rm 117 501 Poli Street, PO Box 99 Ventura, CA 93002-0099

E-Mail to: resalereport@cityofventura.net

	IFORMATION
Site Ad	dress:
APN: _	
REQUE	ESTING PARTY'S INFORMATION
Name:	
Mailing	Address:
Phone:	
	TANT ACKNOWLEDGMENT: equesting party, agree to pay the user fees for the requested report (currently \$78)
REQUE	ESTING PARTY'S SIGNATURE DATE
	ED REPORT FORMAT (PLEASE CHOOSE ONLY ONE) CD of report mailed to the mailing address above Electronic Adobe PDF file sent to the e-mail address above
	Paper copy mailed to the mailing address above
	Paper copy mailed to the mailing address above FOR CITY STAFF ONLY
PERMIT	Paper copy mailed to the mailing address above
ERMIT	Paper copy mailed to the mailing address above FOR CITY STAFF ONLY COUNTER:
PERMIT	FOR CITY STAFF ONLY COUNTER: Create Energov plan case and process initial payment. CASE #:
ERMIT	FOR CITY STAFF ONLY COUNTER: Create Energov plan case and process initial payment. CASE #: BORHOOD PRESERVATION TECH: GIS Planning case numbers:
PERMIT	FOR CITY STAFF ONLY COUNTER: Create Energov plan case and process initial payment. CASE #: BORHOOD PRESERVATION TECH: GIS Planning case numbers: Parcel Zone: Use: Planning case numbers and active Code Enforcement case number: LUIS Records
PERMIT	FOR CITY STAFF ONLY COUNTER: Create Energov plan case and process initial payment. CASE #: BORHOOD PRESERVATION TECH: GIS Planning case numbers: Parcel Zone: Use: Planning case numbers and active Code Enforcement case number: LUIS Records Code Enforcement Records Unpaid Citation Records
PERMIT	FOR CITY STAFF ONLY COUNTER: Create Energov plan case and process initial payment. CASE #: BORHOOD PRESERVATION TECH: GIS Planning case numbers: Parcel Zone: Use: Planning case numbers and active Code Enforcement case number: LUIS Records Code Enforcement Records

FEES Due at time of request: \$78 by check payable to *City of Ventura* OR by credit card (below)

CREDIT CARD PAYMENT AUTHORIZATION

Type of card VISA MC Account #	-				
Validation # Expiration date:					
Cardholder Signature	Total Fee (office use) \$				
Cardholder acknowledges receipt of goods or services in the amount of the total shown hereon and agrees to perform the obligations set forth in the Cardholder's agreement with the card issuer.					
Print Name of Cardholder					
Cardholder Billing Address Street		City	Zip		