CITY OF CORAL GABLES
DEVELOPMENT SERVICES DEPARTMENT
REQUEST FOR MICROFILM

Date: _____

This is to request plans for: [ ] House/Resid. [ ] Apartment [ ] Store [ ] Other: _____

Address:_____

Legal Description: Lot (s) _____Block: _____ Section: _____

I am the: [ ] **Owner** [ ] **Buyer** [ ] **Architect** [ ] **Contractor** [ ] **Other:** _____

Name: _____**Firm's Name**: _____

Telephone #: _____ **E-mail**: _____

Mailing Address: _____

Permit #: _____ **Administrative Approval**: _____

Reason for requesting plans: _____

Copies: [ ] **Certified Copies**: [ ] **View only**: [ ] **Research:** [ ]

Officer/Reg. Agent's *Signature*:_____

Owner's Name Print: _____ ***Owner's Signature***: _____

NOTARY PUBLIC INFORMATION:

State of _____County of _____ Sworn and subscribed before me on this:

_____ Day of _____ 20_____by_____who has taken an oath and is: [ ] personally known to me, [ ] has produced a _____ as identification.

_____

Notary Public (Seal)

(FOR OFFICE USE ONLY)

Results of research:

[ ] Documents produced [ ] Reproduction denied [ ] Other: _____ Amount: $_____

[ ] Documents are presently unavailable [ ] Documents are permanently unavailable

Microfilm Clerk: _____ Date: _____