



CONSTRUCTION SERVICES DEPARTMENT  
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*“The Capital City of the Palm Beaches”*

Date \_\_\_\_\_

## RESEARCH REQUEST

Please check the following items you need

RESIDENTIAL

COMMERCIAL

Need only to view

Need copy (charges will apply)

Survey

Plan\*

Permit\*

\*(**CIRCLE TYPE:** Building, Electrical, Mechanical, Plumbing, other-list below)

\_\_\_\_\_

Address (for which you are requesting information)

\_\_\_\_\_

PCN (if available)

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone ( ) Cell ( ) Fax ( )

E-Mail \_\_\_\_\_