CITY OF CORAL GABLES
DEVELOPMENT SERVICES DEPARTMENT
REQUEST FOR MICROFILM

405 Biltmore Way, 3rd Floor, City Hall
Phone:305-460-5262/*Fax*: 305-476-7221
Email: BuildingRecords@coralgables.com

Date: _____

This is to request plans for: ☐ **House/Resid.** ☐ **Apartment** ☐ **Store** ☐ **Other:** _____

Address:_____

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

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

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

Mailing Address: _____

Request Type (please select all that apply)

☐ Building Card	☐ Mechanical Plan
☐ Building Recertification	☐ Permit Application
☐ C .O./C.C	☐ Permit History 1991-2007
☐ Copy of Plans, Permit #	☐ Plumbing Plan
☐ Electrical Plan	☐ Site Plan
☐ Elevation Plan	☐ Structural Plan
☐ Floor Plan	☐ Survey
☐ Original Construction Plan	☐ Other:

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

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

NOTARY PUBLIC INFORMATION

STATE OF FLORIDA)
ss
COUNTY OF MIAMI-DADE)
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._____

My Commission Expires:

Notary Public _____

FOR OFFICE USE ONLY

Results of research:
[ ] Documents produced [ ] Reproduction denied
[ ] Other: _____ Amount: $_____
[ ] Documents are presently unavailable [ ] Documents are permanently unavailable

Microfilm Clerk:
_____

Date: _____