

ARCHIVE REQUEST FORM

Indian River County Building Division

Date of Request ___/___/20___

NOTE: A \$5.00 deposit and a \$15.00 non-refundable research fee (to cover the first hour of research) are due with each request. Submit requests with payment to the Building Dept. in person, or by fax 772.770.5333 along with credit card authorization form.

Address of Inquiry: _____

Permit Number of Inquiry: _____ Plan Number of Inquiry: _____

Parcel Number of Inquiry: _____

Builder of record: _____ Date built: *(required)* _____

Documents Requested: _____

Your E-Mail Address: _____ Telephone: _____

ADDITIONAL RESEARCH AUTHORIZATION: In addition to the first hour of research I authorize the following as needed:

1-hr 2-hrs _____ hrs of additional research or Please limit the research to \$ _____

Comments: _____

NOTES:

- [1] Due to staff reductions requests may take 5-10 working days or longer depending on the age and complexity of the request.
- [2] Additional research time beyond the first hour is billed at \$15.00/hr in 1/4 hour increments - rounded up.
- [3] We have no records dated prior to 1968 for the County and 1936 for the City of Vero Beach.
- [4] Documents older than 15-yrs of age MAY take longer to retrieve or may no longer be available and/or may not be legible.

ADDITIONAL NOTES:

1. The requestor will be contacted with cost of printing fees which must be paid PRIOR to printing of any documents. Research turnaround time is subject to staff work load conditions and usually takes 5-10 working days and in some rare cases a bit longer.
2. Research/Processing fee is \$15.00 per hour for all archival requests (processing fees imposed to offset the costs associated with archival and retrieval expense). Research will be limited to 1-hr unless otherwise previously authorized by the requestor.
3. In addition to research fees, printing fee is \$5.00 per plan page, \$0.25 per 8.5x11, \$.050 per 11x17. Digital image CD fee is \$15.00 per CD.
4. Please see "Construction Permit Fee Schedule" for additional information on all archive request related fees.

Your Name: _____ Signature: _____

By signing this form you acknowledge that you have read and understand this document and the fees associated with this request

Time of Request: _____ Staff: _____
This area for Building staff use only