



MARK A. WELLS  
Fire Chief

# Sacramento Metropolitan Fire District

Community Risk Reduction Division

www.metrofire.ca.gov

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## FILE RESEARCH APPLICATION

Please print clearly and enter all of the information requested. Complete this form and return it by fax to 916-859-3717 or by E-mail to: [crdstaff@metrofire.ca.gov](mailto:crdstaff@metrofire.ca.gov)

### FOR OFFICE USE ONLY

Occupancy ID: _____	Received Stamp: _____
Permit #: _____	
Account#: _____	
Invoice #: _____	RCV'D By: _____

**FILE RESEARCH APPLICATION FEE:** A **\$143.00** administrative fee is required with this application. This payment covers one half hour of District staff time; additional fees may apply for time spent exceeding the first half hour. Please note some buildings might not have files, this fee applies whether files are located or not. The file research request will not be processed until fees are received.

**FILE RESEARCH:** Files are researched by "Address" and "Plan Type", once files have been located our personnel will contact you to set up an appointment for you to come to our office and view the files. Please note that separate applications will be required for each address.

**COPIES OF FILES:** If a copy of a set of Plans is needed, plans can only be released an employee of the firm that created them **or** to a person with a letter of authorization written by a principal of the design firm on its letterhead stationery. A \$50.00 Security Deposit must be posted before a set of plans is released for copying and will be returned when the plans are delivered back to our office.

### Search Location

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Plan Type: \_\_\_\_\_

### Applicant/Contact Information

Business Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_