



COUNTY OF NEVADA COMMUNITY DEVELOPMENT AGENCY

950 MAIDU AVENUE, SUITE 170, NEVADA CITY, CA 95959-8617
(530) 265-1222 FAX (530) 478-5799 <http://mynevadacounty.com>

Sean Powers, Community Development Agency Director

Agricultural Commissioner

Building Department

Environmental Health

Planning Department

Dept. of Public Works

PUBLIC RECORD REQUEST

Government Code Section 6250-6270 allows up to ten days, with a possible extension, to determine if records are available responsive to the request. Alternatively, appointments can be made to view or inspect records Monday through Friday 8am-5pm at which time a request for copies can be made. Under no circumstance may records be removed from the premises. Requests for copies are subject to approval and payment is required at time of receipt.

Please note the Community Development Agency has no records available prior to 1962 For possible verification of improvements on record prior to that time, you may contact the Assessor's office at (530) 265-1232.

REQUESTS CAN BE EMAILED TO CDA.RECORDS@CO.NEVADA.CA.US, OR FAXED TO (530) 478-5799

PLEASE PRINT CLEARLY TO ENSURE ACCURATE FULFILLMENT OF YOUR RECORD REQUEST

TYPE OF REQUEST: Inspection of records (requires appointment) Copies of records

REQUESTOR INFORMATION: Owner Realtor Other (please specify) _____

NAME: _____ DATE: ____/____/____

MAILING ADDRESS: _____ CITY: _____

PHONE: (____) _____ EMAIL: _____

PREFERRED METHOD OF CONTACT: PHONE EMAIL

APN: _____ - _____ - _____ - _____ DATE RANGE: ____/____/____ TO ____/____/____

PROPERTY ADDRESS: _____ CITY: _____

RECORDS REQUESTED (check all that apply):

Environmental Health		Building		Planning		Code Compliance	
<input type="checkbox"/>	Septic	<input type="checkbox"/>	Permits	<input type="checkbox"/>	Land Use Permit	<input type="checkbox"/>	Unpermitted Work
<input type="checkbox"/>	Wells	<input type="checkbox"/>	Site Plan	<input type="checkbox"/>	Lot Line Adjustment	<input type="checkbox"/>	Abandoned Vehicles
<input type="checkbox"/>	Spills	<input type="checkbox"/>	Floor Plans	<input type="checkbox"/>		<input type="checkbox"/>	Other
<input type="checkbox"/>	Hazardous Materials						
<input type="checkbox"/>	Underground Non-septic Tanks						

Other (please specify) _____

FOR OFFICE USE ONLY

STAFF NAME: _____

PHOTOCOPIES #: _____ @ \$0.10 /STANDARD PAGE 32200053 FEE: \$ _____

_____ @ \$0.20/OVERSIZED PAGE 32200053 FEE: \$ _____

INVOICE TOTAL FOR OUTSIDE VENDOR COPIES #: _____ 32200056 FEE: \$ _____

POSTAGE: 32200008 FEE: \$ _____

RECEIPT #: _____ TOTAL DUE: \$ _____

CUSTOMER NOTIFIED BY: _____ DATE NOTIFIED: ____/____/____