

<b>TO:</b> Grays Harbor County Public Services <b>Attn: Permit Coordinators</b> 100 W Broadway Suite 31 Montesano, WA 98563	<b>FROM:</b> _____ Address _____ City/St/Zip _____ Phone _____ Fax _____
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**INSTRUCTIONS:**

1. Complete Section 1.
2. Check the boxes in Sections 2-4 for those items you wish researched.
3. Sign the authorization to research and agreement to pay fee.

*You will be contacted when the research is complete (usually within 7 working days of receipt). Payment is required before the research results are provided. Requests for copies of more than 5 pages must be made on the Request to Inspect/Copy Public Records Form.*

**SECTION 1: PARCEL INFORMATION**

Parcel Number: \_\_\_\_\_ Parcel Acreage: \_\_\_\_\_

Lot or Tract: \_\_\_\_\_ of block \_\_\_\_\_ of the Plat of \_\_\_\_\_

Current Owner(s): \_\_\_\_\_ Existing Home on Property?  Yes  No

Site Address: \_\_\_\_\_ Number of bedrooms: \_\_\_\_\_

Water Source:  Private Well  Public Water System

**SECTION 2: BUILDING INFORMATION**

<input type="checkbox"/> Road Access Permit #: _____ Issue Date: _____	Initials/Date
<input type="checkbox"/> Building Permit(s) Number: _____ Issue Date: _____	
Number: _____ Issue Date: _____ Final Date: _____	
Comments: _____ _____ _____	

**SECTION 3: PLANNING INFORMATION**

<input type="checkbox"/> Zoning: _____ Flood Zone: _____ FEMA Map Panel #: _____	Initials/Date
<input type="checkbox"/> Shoreline Designation: _____	
<input type="checkbox"/> Is this a legal parcel? <input type="checkbox"/> Yes <input type="checkbox"/> No (Please see Disclaimer below) Subdivision Case #: _____	
Comments: _____ _____	

**SECTION 4: ENVIRONMENTAL HEALTH INFORMATION**

<input type="checkbox"/> Septic System? <input type="checkbox"/> Yes <input type="checkbox"/> No Permit #: _____ Date of Final: _____	Initials/Date
<input type="checkbox"/> Approved to Serve a Maximum of _____ bedrooms Water Availability Permit #: _____	
<input type="checkbox"/> Well Depth: _____ feet Gallons per minute: _____	
Comments: _____ _____	

**I authorize research on the information checked on this form and agree to pay the service fee.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Disclaimer:** The information contained herein is obtained from the computer records of Grays Harbor County. Older records may not be in the computer system. Research of the older records may require additional information and processing time. This information is provided to the best of the County's knowledge and belief. It is meant for informational purposes only and is not to be relied on in the purchase, sale, use, acquisition or development of property. Permits issued within seven days of the research request response may not yet be in the computer system records.

<b>Receipt #:</b> _____
<b>Receipt Date:</b> _____
<b>Returned Via:</b> <input type="checkbox"/> Fax <input type="checkbox"/> Mail
<b>Return Date:</b> _____
<b>By:</b> _____