



COMMUNITY DEVELOPMENT DEPARTMENT

INSPECTION SCHEDULING AND INFORMATION

651-792-7080 or permits@cityofroseville.com

REQUEST FOR INFORMATION

Your name: _____
 Date: _____
 Site Address: _____

Information Requested:
 Permits Issued from (DATES): _____ to _____
 Type of Permits:
 Building HVAC Plumbing Electrical
 Certificate(s) of Occupancy Sewer/Water Ties
 Rental Registration

Description of requested information:

Please Indicate how you would like to be contacted:
 Contact me by email. Email address: _____
 Contact me by phone. Phone number: _____
 Contact me by mail. Address: _____

FOR OFFICE USE ONLY

Number of copies: _____
 (\$0.25 per copy)

Number of hours: _____
 (Cost per hour: _____)

Subtotal: \$ _____
 Total: \$ _____

Please allow up to 10 business days for us to process your request. After an initial review of our records, we will contact you to outline the extent of the research required, along with an estimate of the cost. In some cases, the requested records may not be available.