



Planning & Neighborhood Services  
PO Box 2430  
Indian Trail, NC 28079  
Telephone (704) 821-5401  
Fax (704) 821-9045

# REQUEST FOR COPY OF PHYSICAL SURVEY

Date: \_\_\_\_\_

Citizen Name: \_\_\_\_\_  
(Please print; must be legible)

Citizen's Signature: \_\_\_\_\_

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

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

Location of Property: (Street Address, tax parcel ID #, and name of subdivision if applicable)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Year home was built: \_\_\_\_\_

**BY SUBMITTING THIS FORM, ALL INFORMATION INCLUDING YOUR NAME AND ADDRESS BECOMES PUBLIC RECORD. FORM MUST BE COMPLETE. THERE IS A \$25 FEE FOR ARCHIVE RETRIEVAL.**

FOR OFFICE USE ONLY
Tax parcel #: _____
Town Zoning: _____
Received By: _____