



**Department of Inspections and Permits**  
**2664 Riva Road, Annapolis, MD 21401**  
**Telephone: (410) 222-7790**  
**www.aacounty.org**

## Request To Inspect Or Receive Copies Of Public Records

Please complete the attached form to inspect or receive copies of public records. Please be specific as to which documents you want. You will be called within 30 days when the documents are ready to pick up/inspect.

Send the completed form to:

**Custodian of Records**  
**2664 Riva Road, MS \_\_\_\_\_ (get from chart below)**  
**Annapolis, MD 21401**

If you are requesting more than one type of information, please complete a separate form for each request. If you prefer, you may fax the form to the division who maintains the records

Type of Document	Division	Mail Stop	Fax Number
Building Permit – Issued	Permit Application Center	MS 6003	(410) 222-7736
Building Permit – Pending	Permit Application Center	MS 6003	(410) 222-7736
Grading Permit – Pending	Permit Application Center	MS 6003	(410) 222-7736
Grading Permit – Issued	Environmental Programs	MS 6201	(410) 222-7970
Licensing Documents	Licensing	MS 6006	(410) 222-4488
Building Inspection Violation Cases	Inspection Services	MS 6201	(410) 222-7970
Zoning Enforcement Violation Cases	Zoning Enforcement	MS 6250	(410) 222-7779
Environmental Violation Cases*	Environmental Programs	MS 6201	(410) 222-7970

\* Cases regarding grading without a permit or in excess of the approved permit, Critical Area violations, etc.



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**REQUEST TO INSPECT OR RECEIVE COPIES OF PUBLIC RECORDS**

1. Date: \_\_\_\_\_
2. Applicant's name and address (please print): \_\_\_\_\_  
\_\_\_\_\_
3. Daytime telephone number: \_\_\_\_\_
4. Subject property tax account number(s): \_\_\_\_\_
5. Permit number(s): \_\_\_\_\_
6. Subject property owner(s) name and address: \_\_\_\_\_  
\_\_\_\_\_
7. Do you want to inspect the records or do you want copies to be provided?  Inspect  Copy
8. Describe or identify the records that you want to inspect or copy: \_\_\_\_\_  
\_\_\_\_\_
9. Anne Arundel County charges a copy fee of \$0.25 per page (8 ½ x 11 or 8 ½ x 14). A higher fee is charged for larger copies or copies that require professional reproduction. There may also be a fee for retrieval and preparation of the records requested if the retrieval and preparation take more than two hours. You may inspect the records or be provided with copies of the records. If you inspect, copies may be requested at that time. If it is estimated that fees will exceed \$10, I request to be notified by telephone:  Yes  No
10. Do you request a waiver of fees?  Yes  No If "yes", explain why:  
\_\_\_\_\_  
\_\_\_\_\_
11. A "person in interest" is a person who is the subject of the record, the subject's designee, or the subject's parent or legal representative if the subject has a legal disability. Under law, certain records that would not otherwise be available may be available to a "person in interest". At your option, you may indicate if you are a "person in interest". Are you a "person in interest"?  Yes  No  
  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**THIS SIDE TO BE COMPLETED BY THE DEPARTMENT OF INSPECTIONS AND PERMITS**

**Notice of Action**

\_\_\_\_ You may inspect the records you requested at the following address during the listed hours:

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

\_\_\_\_ Copies of the records you requested are enclosed. Please remit fee if applicable. See below.

\_\_\_\_ We do not have enough information to process your request. Please provide the following information

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

\_\_\_\_ Your request is denied. The records are protected from disclosure under the Public Information Act as follows:

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

You may have this decision reviewed by a Court as provided by Maryland State Government Code Annotated, §10-623, a copy of which is attached hereto.

\_\_\_\_ Please see attached letter.

\_\_\_\_ Fees: \_\_\_\_\_

Make check payable to Anne Arundel County, Maryland and send it to the officer or department that processed this request.

Approved: \_\_\_\_\_

Not approved: \_\_\_\_\_

Fee total: \_\_\_\_\_