

**DEPARTMENT OF GENERAL SERVICES
RECORDS MANAGEMENT DIVISION
RECORDS RETENTION AND DISPOSAL SCHEDULE**

Schedule No. M - 330

Page 1 of 3

Agency City of Frederick	Division/Unit Building Department (Formerly Permits and Code Management)
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Item No.	Description	Retention
1	<p>Supersedes Schedule No. M – 136</p> <p>(However items # 7 thru #12 of the M – 136 Schedule are no longer under the control of the Building Department. Custodianship of these documents was transferred to another department when the Permits and Code Management Department was renamed to the Building Department.</p> <p>Alphabetical files – An alphabetical filing system is used for information (correspondence) received from other departments, companies, organizations and individuals</p>	Screen annually and destroy with the exception: scan to Maryland State Archives standards and destroy original papers of any material that serves to document the origin, development and accomplishments of the department. Retain scans for 5 years, then transfer to Maryland State Archives
2	Vendor/Peddler Permit Records – application submittal documents and permits approved	Retain for 5 years, then destroy

Schedule Approved by Department, Agency, or Division Representative.
Date 07/29/2013

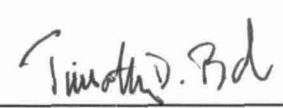
Signature 

Typed Name Todd Himes

Title Building Div. Manager

Schedule Authorized by State Archivist

Date 8-25-13

Signature 

**DEPARTMENT OF GENERAL SERVICES
RECORDS MANAGEMENT DIVISION
RECORDS RETENTION AND DISPOSAL SCHEDULE
(Continuation Sheet)**

Schedule No. M - 330

Page 2 of 3

Agency
City of Frederick

Division/Unit
Building Department
(Formerly Permits and Code Management)

Item No.	Description	Retention
3	Residential Permit Records (Building, Electrical, Fire Protection & Alarm, Gas, HPC, Paving, Plumbing, Sidewalk, Utility, Zoning) – application submittal documents, approved plans, certificates issued, fees collected, inspection reports and notices of orders issued	Scan to Maryland State Archives standards and destroy original papers 5 years from date of certificate issued or permit file voided/closed with the following exception: retain all papers of any material that serves to document properties located with-in the FEMA floodplain for the life of the structure plus 5 years, then destroy. Retain scans for 10 years, then destroy.
4	Commercial Permit Records (Building, Electrical, Fire Protection & Alarm, Gas, HPC, Plumbing, Utility, Zoning) – application submittal documents, approved plans, certificates issued, fees collected, inspection reports and notices of orders issued	Scan to Maryland State Archives standards and destroy original papers 5 years from date of certificate issued or permit file voided/closed with the following exception: retain all papers of any material that serves to document properties located with-in the FEMA floodplain for the life of the structure plus 5 years, then destroy. Retain scans for 10 years, then destroy.

**DEPARTMENT OF GENERAL SERVICES
RECORDS MANAGEMENT DIVISION
RECORDS RETENTION AND DISPOSAL SCHEDULE
(Continuation Sheet)**

Schedule No. M -330

Page 3 of 3

Agency

City of Frederick

Division/Unit

**Building Department
(Formerly Permits and Code Management)**

Item No.

Description

Retention

5

Department Payroll Timesheets

Retain for 1 complete fiscal year cycle, then destroy

6

Department Personnel Files

Retain until employee is no longer employed by the City of Frederick Building Department or the City of Frederick, then transfer to City of Frederick Human Resources Department

7

Department Purchase Orders

Retain for 1 complete fiscal year cycle, then destroy

8

Municipal Infractions (code related)

Retain in database until case is closed plus 5 years then destroy

9

Complaint and Investigation Files (code related)

Retain in database until case is closed plus 5 years then destroy

10

Contractor's License

Retain for 5 years then destroy

Instructions –Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)	DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930	AGENCY RECORDS INVENTORY PAGE <u>1</u> OF <u>10</u>
1. Department/Agency City of Frederick	2. Division Building Department	3. Unit
DEFINITION: RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.		
4. Record Series Title Alphabetical Files	5. Earliest Year/Latest Year 80's to Present	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) An alphabetical filing system is used for information (correspondence/documents) received from other departments, companies, organizations and individuals.		
7. Record Series Format(s) List all <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____	8. Record Series Sequence <input checked="" type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____	9. Volume 25 - 30 Number <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ 10. Annual Accumulation 2 Number <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____
11. File is Used <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	12. File Becomes Inactive After _____ Number <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s) When screened and determined that no fiscal/legal/operational value exist	
13. Current Location(s) (Bldg., Floor, Room) 140 W. Patrick St.	14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent	
17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	18. Recommended Retention: Screen annually, destroy material having no further fiscal, legal or operational value. Retain permanently by scanning into electronic database any material that serves to document the origin, development and accomplishments of the department.	

19. Name and Title of Preparer Todd Himes Building Department Manager	20. Telephone Number 301-600-3818	21. Date 4/24/13	

<p>Instructions - Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)</p>	<p>DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930</p>	<p>AGENCY RECORDS INVENTORY</p> <p>PAGE <u>2</u> OF <u>10</u></p>
<p>1. Department/Agency City of Frederick</p>	<p>2. Division Building Department</p>	<p>3. Unit</p>
<p>DEFINITION: RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>		
<p>4. Record Series Title Vendor/Peddler Permits</p>	<p>5. Earliest Year/Latest Year 2005 to Present</p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) Applications for Vendor/Peddler permits, approved permits and associated correspondence.</p>		
<p>7. Record Series Format(s) List all</p> <p><input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____</p>	<p>8. Record Series Sequence</p> <p><input checked="" type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____</p>	<p>9. Volume 5 Number</p> <p><input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____</p> <p>10. Annual Accumulation .5 Number</p> <p><input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____</p>
<p>11. File is Used</p> <p><input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually</p>	<p>12. File Becomes Inactive After 1 Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)</p>	
<p>13. Current Location(s) (Bldg., Floor, Room) 140 W. Patrick St.</p>	<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent</p>	
<p>17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>18. Recommended Retention: Vendor/Peddler permits are issued on an annual basis. Retain for 5 year then destroy.</p>	

19. Name and Title of Preparer Deborah Patterson Permits Coordinator	20. Telephone Number 301-600-3829	21. Date 4/24/13

<p>Instructions –Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)</p>	<p>DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930</p>	<p>AGENCY RECORDS INVENTORY</p> <p>PAGE <u>3</u> OF <u>10</u></p>
<p>1. Department/Agency City of Frederick</p>	<p>2. Division Building Department</p>	<p>3. Unit</p>
<p>DEFINITION: RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>		
<p>4. Record Series Title Residential Permits</p>	<p>5. Earliest Year/Latest Year 80's to Present</p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) Residential Permit Records (Building, Electrical, Fire Protection & Alarm, Gas, HPC, Paving, Plumbing, Sidewalk, Utility, Zoning) – application submittal documents, approved plans, certificates issued, fees collected, inspection reports and notices of orders issued</p>		
<p>7. Record Series Format(s) List all</p> <p><input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input checked="" type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____</p>	<p>8. Record Series Sequence</p> <p><input checked="" type="checkbox"/> Alphabetical <input checked="" type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____</p>	<p>9. Volume 200 Number</p> <p><input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____</p> <hr/> <p>10. Annual Accumulation 6 Number</p> <p><input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____</p>
<p>11. File is Used</p> <p><input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually</p>	<p>12. File Becomes Inactive After</p> <p>Number <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s)</p> <p>When project inspections are complete and Certificate is issued</p>	
<p>13. Current Location(s) (Bldg., Floor, Room) 140 W. Patrick St.</p>	<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent</p>	
<p>17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>18. Recommended Retention: Retain permanently electronic database to track information. Retain permanently documents and information for properties located within the FEMA floodplain. All other documents destroy after 5 years from date of certificate issued or permit file voided/closed</p>	

19. Name and Title of Preparer Deborah Patterson Permits Coordinator	20. Telephone Number 301-600-3829	21. Date 4/24/13	

<p>Instructions –Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)</p>	<p>DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930</p>	<p>AGENCY RECORDS INVENTORY</p> <p>PAGE <u>4</u> OF <u>10</u></p>
<p>1. Department/Agency City of Frederick</p>	<p>2. Division Building Department</p>	<p>3. Unit</p>
<p>DEFINITION: RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>		
<p>4. Record Series Title Commercial Permits</p>	<p>5. Earliest Year/Latest Year 80's to Present</p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) Commercial Permit Records (Building, Electrical, Fire Protection & Alarm, Gas, HPC, Paving, Plumbing, Sidewalk, Utility, Zoning) – application submittal documents, approved plans, certificates issued, fees collected, inspection reports and notices of orders issued</p>		
<p>7. Record Series Format(s) List all</p> <p><input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input checked="" type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____</p>	<p>8. Record Series Sequence</p> <p><input checked="" type="checkbox"/> Alphabetical <input checked="" type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____</p>	<p>9. Volume 110 Number</p> <p><input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____</p> <hr/> <p>10. Annual Accumulation 3 Number</p> <p><input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____</p>
<p>11. File is Used</p> <p><input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually</p>	<p>12. File Becomes Inactive After</p> <p>Number <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s)</p> <p>When project inspections are complete and Certificate is issued</p>	
<p>13. Current Location(s) (Bldg., Floor, Room) 140 W. Patrick St.</p>	<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent</p>	
<p>17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>18. Recommended Retention: Retain permanently electronic database to track information. Retain permanently documents for properties located within the FEMA floodplain. Retain permanently documents for government (Local, County, State, Federal) owned buildings. All other documents destroy after 5 years from date of certificate issued or permit file voided/close</p>	

19. Name and Title of Preparer Deborah Patterson Permits Coordinator	20. Telephone Number 301-600-3829	21. Date 4/24/13	

<p>Instructions –Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)</p>	<p>DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930</p>	<p>AGENCY RECORDS INVENTORY</p> <p>PAGE <u>5</u> OF <u>10</u></p>
<p>1. Department/Agency City of Frederick</p>	<p>2. Division Building Department</p>	<p>3. Unit</p>
<p>DEFINITION: RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>		
<p>4. Record Series Title Department Payroll Timesheets</p>	<p>5. Earliest Year/Latest Year 90's to Present</p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) Bi-weekly employee time sheets</p>		
<p>7. Record Series Format(s) List all</p> <p><input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____</p>	<p>8. Record Series Sequence</p> <p><input checked="" type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____</p>	<p>9. Volume 5 Number</p> <p><input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____</p> <p>10. Annual Accumulation .5 Number</p> <p><input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____</p>
<p>11. File is Used</p> <p><input type="checkbox"/> Daily <input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually</p>	<p>12. File Becomes Inactive After</p> <p>_____</p> <p>Number <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s)</p> <p>Every two weeks when employees are paid</p>	
<p>13. Current Location(s) (Bldg., Floor, Room) 140 W. Patrick St.</p>	<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>16. Audit Requirements</p> <p><input checked="" type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent</p>	
<p>17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>18. Recommended Retention: Retain for one complete fiscal year cycle then destroy</p>	

19. Name and Title of Preparer Gail Noyes Admin. Asset.	20. Telephone Number 301-600-6280	21. Date 4/24/13
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<p>Instructions –Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)</p>	<p>DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930</p>	<p>AGENCY RECORDS INVENTORY</p> <p>PAGE <u>6</u> OF <u>10</u></p>
<p>1. Department/Agency City of Frederick</p>	<p>2. Division Building Department</p>	<p>3. Unit</p>
<p>DEFINITION: RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>		
<p>4. Record Series Title Department Personnel Files</p>	<p>5. Earliest Year/Latest Year 90's to Present</p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) Employees of the Department Personnel Files</p>		
<p>7. Record Series Format(s) List all</p> <p><input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____</p>	<p>8. Record Series Sequence</p> <p><input checked="" type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____</p>	<p>9. Volume 5 Number</p> <p><input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____</p> <p>10. Annual Accumulation .25 Number</p> <p><input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____</p>
<p>11. File is Used</p> <p><input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Annually</p>	<p>12. File Becomes Inactive After _____ Number <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s) When employee is no longer an employee within the department</p>	
<p>13. Current Location(s) (Bldg., Floor, Room) 140 W. Patrick St.</p>	<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent</p>	
<p>17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>18. Recommended Retention: Retain until employee is no longer employed with-in the department and/or no longer employed with the City, then transfer to HR Dept.</p>	

19. Name and Title of Preparer Gail Noyes Admin. Asset.	20. Telephone Number 301-600-6280	21. Date 4/24/13

<p>Instructions –Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)</p>	<p>DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930</p>	<p>AGENCY RECORDS INVENTORY</p> <p>PAGE <u>7</u> OF <u>10</u></p>
<p>1. Department/Agency City of Frederick</p>	<p>2. Division Building Department</p>	<p>3. Unit</p>
<p>DEFINITION: RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>		
<p>4. Record Series Title Department Purchase Orders</p>	<p>5. Earliest Year/Latest Year 90's to Present</p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) Purchase Order and Invoices</p>		
<p>7. Record Series Format(s) List all</p> <p><input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____</p>	<p>8. Record Series Sequence</p> <p><input checked="" type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____</p>	<p>9. Volume 5 Number</p> <p><input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____</p> <p>10. Annual Accumulation .5 Number</p> <p><input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____</p>
<p>11. File is Used</p> <p><input type="checkbox"/> Daily <input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually</p>	<p>12. File Becomes Inactive After</p> <p>_____ Number <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s) When invoice is paid</p>	
<p>13. Current Location(s) (Bldg., Floor, Room) 140 W. Patrick St.</p>	<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent</p>	
<p>17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>18. Recommended Retention: Retain for one complete fiscal year cycle then destroy</p>	

19. Name and Title of Preparer Gail Noyes Admin. Asset.	20. Telephone Number 301-600-6280	21. Date 4/24/13

<p>Instructions –Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)</p>	<p>DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930</p>	<p>AGENCY RECORDS INVENTORY</p> <p>PAGE <u>8</u> OF <u>10</u></p>
<p>1. Department/Agency City of Frederick</p>	<p>2. Division Building Department</p>	<p>3. Unit</p>
<p>DEFINITION: RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>		
<p>4. Record Series Title Municipal Infractions</p>	<p>5. Earliest Year/Latest Year 90's to Present</p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) Municipal infraction issued, correspondence, payment info</p>		
<p>7. Record Series Format(s) List all</p> <p><input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____</p>	<p>8. Record Series Sequence</p> <p><input checked="" type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____</p>	<p>9. Volume 3 Number</p> <p><input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____</p> <p>10. Annual Accumulation .25 Number</p> <p><input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____</p>
<p>11. File is Used</p> <p><input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Annually</p>	<p>12. File Becomes Inactive After _____ Number <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s)</p> <p>When paid or settled</p>	
<p>13. Current Location(s) (Bldg., Floor, Room) 140 W. Patrick St.</p>	<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent</p>	
<p>17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>18. Recommended Retention: Retain permanently electronic database to track information. All other documents destroy after 5 years</p>	

19. Name and Title of Preparer Gail Noyes Admin. Asset.	20. Telephone Number 301-600-6280	21. Date 4/24/13

<p><u>Instructions</u> –Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)</p>	<p>DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930</p>	<p>AGENCY RECORDS INVENTORY</p> <p>PAGE <u>9</u> OF <u>10</u></p>
<p>1. Department/Agency City of Frederick</p>	<p>2. Division Building Department</p>	<p>3. Unit</p>
<p>DEFINITION: RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>		
<p>4. Record Series Title Department Complaint and Investigation Files</p>	<p>5. Earliest Year/Latest Year 90's to Present</p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) Code related complaints, investigation findings, correspondence</p>		
<p>7. Record Series Format(s) List all</p> <p><input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____</p>	<p>8. Record Series Sequence</p> <p><input checked="" type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____</p>	<p>9. Volume 3 Number</p> <p><input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____</p> <hr/> <p>10. Annual Accumulation .25 Number</p> <p><input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____</p>
<p>11. File is Used</p> <p><input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Annually</p>	<p>12. File Becomes Inactive After _____ Number <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s)</p> <p>When case closed</p>	
<p>13. Current Location(s) (Bldg., Floor, Room) 140 W. Patrick St.</p>	<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent</p>	
<p>17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>18. Recommended Retention: Retain permanently electronic database to track information. All other documents destroy after 5 years</p>	

19. Name and Title of Preparer Gail Noyes Admin. Asset.	20. Telephone Number 301-600-6280	21. Date 4/24/13

<p>Instructions –Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)</p>	<p>DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930</p>	<p>AGENCY RECORDS INVENTORY</p> <p>PAGE <u>10</u> OF <u>10</u></p>
<p>1. Department/Agency City of Frederick</p>	<p>2. Division Building Department</p>	<p>3. Unit</p>
<p>DEFINITION: RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>		
<p>4. Record Series Title Contractor's License Files</p>	<p>5. Earliest Year/Latest Year 90's to Present</p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) Applications, copies of jurisdictional licenses, certificates of insurance, bonds, correspondence</p>		
<p>7. Record Series Format(s) List all</p> <p><input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____</p>	<p>8. Record Series Sequence</p> <p><input checked="" type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____</p>	<p>9. Volume 7 Number</p> <p><input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____</p> <hr/> <p>10. Annual Accumulation .25 Number</p> <p><input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____</p>
<p>11. File is Used</p> <p><input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Annually</p>	<p>12. File Becomes Inactive After 2 Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)</p>	
<p>13. Current Location(s) (Bldg., Floor, Room) 140 W. Patrick St.</p>	<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent</p>	
<p>17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>18. Recommended Retention: Retain for 5 years then destroy</p>	

19. Name and Title of Preparer Deborah Patterson Permits Coordinator	20. Telephone Number 301-600-382	21. Date 4/24/13