

**REQUEST FOR DUPLICATION OF OFFICIAL COPY OF BUILDING PLANS
IN ACCORDANCE WITH HEALTH AND SAFETY CODE SECTION 19851**

Building Inspection Division – Public Request Form

PLANS TO BE DUPLICATED

(Indicate street address, APN, building permit number, or other identifier)

Address: _____
APN: _____ Permit No.: _____ Other Identifier: _____**NOTICE (REQUIRED BY LAW)**

- (1) The copy of the plans shall only be used for the maintenance, operation, and use of the building.
- (2) The drawings are instruments of professional service and are incomplete without the interpretation of the certified, licensed, or registered professional of record.
- (3) Subdivision (a) of Section 5536.25 of the Business and Professions Code states that a licensed architect who signs plans, specifications, reports, or documents shall not be responsible for damage caused by subsequent changes to, or use of, those plans, specifications, reports, or documents where the subsequent changes or uses, including changes or uses made by state or local governmental agencies, are not authorized or approved by the licensed architect who originally signed the plans, specifications, reports, or documents, provided that the architectural service rendered by the architect who signed the plans, specifications, reports, or documents was not also a proximate cause of the damage.
- (4) The drawings are not "AS BUILTS" but are construction drawings only. Discrepancies may exist between the drawing and actual field conditions.
- (5) Permission must be granted by **BOTH** the owner and engineer/architect.
- (6) This chapter shall not apply to any building containing a bank, other financial institution, or public utility.

APPLICANT DECLARATION

I have read and understand all of the above statements and declare under penalty of perjury under the laws of the State of California that each and every statement made in this request is true and correct.

Applicant Name (print): _____ Signature: _____ Date: _____

☐ Check box if applicant is also the original or current property owner**OWNER AUTHORIZATION**

Permission is hereby granted for the duplication of the plans described above.

Indicate Approval Category (check one):

- ☐ Original / Current Property Owner ☐ Governing Body of Managing Association (HOA)
☐ State Agency ☐ Court Order No.: _____

Owner / Authorized Representative Name (print): _____

Signature: _____ Date: _____

LICENSED DESIGN PROFESSIONAL AUTHORIZATION

I am the licensed architect and/or engineer of record (or authorized successor) for the plans identified above and hereby grant permission for duplication of the plans in accordance with Health & Safety Code Section 19851.

Name (print): _____ License No.: _____ State: _____

Signature: _____ Date: _____

DEPARTMENT PROCESS NOTICE

Upon receipt of a complete request, the Building Inspection Division may notify the licensed design professional(s) of record in accordance with Health & Safety Code Section 19851. Processing time may be subject to statutory response periods.