



REQUEST FOR DUPLICATION OF PLANS AFFIDAVIT

I, the undersigned, hereby request duplication of the official copy of the plans for the project located at: _____

I certify the following conditions:

1. That the copy of the plans shall only be used for the maintenance, operation and use of the building.
2. That drawings are instruments of professional service and are incomplete without the interpretation of the certified, licensed or registered professional of record.
3. That subdivision (a) of Section 5536.25 of the Business and Professions Code states that a licensed architect who signs the 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.

I DECLARE THAT I AM: (CHECK ONE)

- OWNER** - The original or current owner of the property described above; or
- ARCHITECT/ENGINEER** - The certified, licensed or registered Professional of Record or his/her successor who signed the original plans/documents for the above described property; or
- OWNER'S REPRESENTATIVE** - The authorized representative of the Board of Directors or other governing body of the association established to manage the above described building, and have the authority to sign on behalf of the governing body.

DUPLICATION OF THE ORIGINAL COPY OF PLANS WILL NOT BE MADE UNTIL WRITTEN PERMISSION AND/OR SIGNATURE IS RECEIVED FROM THE CERTIFIED, LICENSED OR REGISTERED PROFESSIONAL OF RECORD OR HIS OR HER SUCCESSOR; OR A PERIOD OF 30 DAYS HAS ELAPSED AND NO RESPONSE HAS BEEN RECEIVED.

REQUESTOR INFORMATION			
NAME			DATE
ADDRESS	CITY	STATE	ZIP CODE

SIGNATURE: _____ **PHONE:** _____

FOR CITY USE ONLY

Date Request Sent: _____

Architect Response: **APPROVED** **DENIED**

Engineer Response: **APPROVED** **DENIED**

Owner Response: **APPROVED** **DENIED**

Processed by: _____