



REQUESTS FOR DUPLICATION OF BUILDING PLANS

Health and Safety Code Section 19851 requires that building departments follow specific guidelines and procedures when requests are received for the duplication of building plans retained on file for construction projects. To view the Health and Safety code:

http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=HSC§ionNum=19851

A database of plans is available for viewing during regular business hours at the Building & Safety Division counter.

Copying or duplication is only possible when the following guidelines are followed:

Step 1: Building Plan Selection

- Visit the City of Riverside Building & Safety Division One Stop Shop and request to view the building plans file. The City of Riverside Building & Safety Division is located on the 3rd Floor of City Hall, 3900 Main Street. Upon arrival, proceed to the Welcome Desk to be placed in the queue and inform the Customer Service staff that you are here to view Property Building Plans. The City of Riverside Building & Safety Division counter staff will call you based upon your arrival time in the queuing system.
- Be sure to have the proper address information for the plans you wish to view. Note: Building & Safety Division Staff does not interpret plans. If you are unable to read and/or interpret the plans, it is recommended that you consult the services of a licensed professional (architect, engineer, contractor, etc.).
- As you view the building plans, please obtain the names of the architect(s) and/or engineer(s) of record, as well as any specific building plan page numbers.
- Please inform our counter staff when you are done viewing the requested building plans. At that point, our counter staff will describe the Requests for Duplication of Building Plans process and provide you with a Duplication of Building Plans packet, which contains a Duplication of Building Plans Request form and a Duplication of Building Plans Authorization form.

Step 2: Obtaining Proper Authorization

- Use the provided Duplication of Building Plans Authorization form to obtain written authorization granting permission to release plans for duplication from:
 1. The current owner of the property; **and**
 2. The architect and/or engineer of record. Authorization will need to be obtained for any/all certified professionals that have stamped the plans you wish to duplicate. Contact information for certified professionals can be obtained at the websites listed below.

Architects – www.cab.ca.gov

Engineers - www.dca.ca.gov



- You must notify the design professional(s) of record in writing by sending a copy of the Duplication of Building Plans Affidavit **and** the Duplication of Plans Authorization form via certified mail to the current or last known address.
- Be prepared for the process to take an estimated 30 - 60 days to complete. California State Law states that the design professional has 30 days to respond to this request, and that an additional 30 days may be granted due to extenuating circumstances as described in Health and Safety Code Section 19851(f)(1).
- Once you have acquired the required completed Duplication of Building Plans Authorization forms, you are now ready to submit your Duplication of Building Plans Affidavit along with the authorization forms to the Building & Safety Division Counter.
- Please bring the following items with you when you visit our counter:
 - Completed Duplication of Building Plans Affidavit form
 - Completed Duplication of Building Plans Authorization forms from the owner of record, and the architect(s) and/or engineer(s) of record.

Step 3: Submittal of Duplication of Building Plans Request

- Once you submit your request, it will be reviewed for accuracy and completeness. If your request is approved, you will be notified by a Building Permit Technician that you can proceed with your request. If your request is denied, you will be notified by a Building Permit Technician of the reason why you may not proceed.

Step 4: Duplication of Plans

Once permission to copy building plans is granted, duplication of plans from the electronic database requires specialized equipment and printing by a reprographics company. The City of Riverside has authorized the following vendor to pick-up the plans from the Building & Safety Division for the purpose of duplication. You will deal directly with the vendor as to the payment for their service.

DMC
1499 Pomona Road, Unit C
Corona CA 92882
Phone (951) 898 2800

Prior to contacting the vendor to duplicate the plans, you must have completed the necessary release forms and checked with the Building & Safety Division regarding the availability of the plans for the particular address.



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: _____



DUPLICATION OF BUILDING PLANS AUTHORIZATION FORM – **DESIGN PROFESSIONAL**

Pursuant to Health and Safety Code Section 19851, the original or current owner of the subject building (or if a common interest development, the Board of Directors or similar governing body established to manage the building) and certified, licensed or registered professional or his or her successor who signed the original documents, must authorize the duplication of issued building permit construction plans maintained by the Community & Economic Development Department, Building & Safety Division.

PLAN DUPLICATION REQUEST FOR ADDRESS: _____

This form may be used to obtain signatures from the design professional.

I DECLARE THAT I AM: (CHECK ONE)

- 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

AUTHORIZATION OR REFUSAL OF DESIGN PROFESSIONAL

I, _____ hereby authorize the City of Riverside to duplicate or permit the duplication of the official copy of plans for the above mentioned building or structure pursuant to the plan duplication request. Further, a facsimile of my signature may be used for the limited purpose set forth herein.

I, _____ hereby refuse authorization for the City of Riverside to duplicate the building plans described above pursuant to the plan duplication request. Further, a facsimile of my signature may be used for the limited purpose set forth herein.

SIGNATURE: _____

DATE: _____

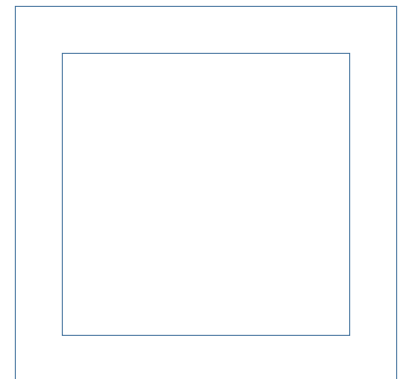
Please mail within ten (10) days of receipt to:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Professional
Seal
Here:





DUPLICATION OF BUILDING PLANS AUTHORIZATION FORM - **OWNER**

Pursuant to Health and Safety Code Section 19851, the original or current owner of the subject building (or if a common interest development, the Board of Directors or similar governing body established to manage the building) and certified, licensed or registered professional or his or her successor who signed the original documents, must authorize the duplication of issued building permit construction plans maintained by the Community & Economic Development Department, Building & Safety Division.

PLAN DUPLICATION REQUEST FOR ADDRESS: _____

This form may be used to obtain signatures from the property owner listed on title.

I DECLARE THAT I AM: (CHECK ONE)

OWNER - The original or current owner of the property described above

AUTHORIZATION OR REFUSAL OF OWNER

I, _____ hereby authorize the City of Riverside to duplicate or permit the duplication of the official copy of plans for the above mentioned building or structure pursuant to the plan duplication request. Further, a facsimile of my signature may be used for the limited purpose set forth herein.

I, _____ hereby refuse authorization for the City of Riverside to duplicate the building plans described above pursuant to the plan duplication request. Further, a facsimile of my signature may be used for the limited purpose set forth herein.

SIGNATURE: _____

DATE: _____

Please mail within ten (10) days of receipt to:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

