



## 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: \_\_\_\_\_



## 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:

