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:

____________________________________________________________________________________

NOTICE

(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.

APPLICANT DECLARATION: I have read all of the above and declared under penalty of perjury that each and every statement made is true and correct.

APPLICANT’S SIGNATURE: ______________________________ DATE: __________________

☐ Check box if applicant is also the original/current owner

PERMISSION IS HEREBY GRANTED FOR THE DUPLICATION OF PLANS AS DESCRIBED ABOVE

Indicate Approval Category:

☐ Original/Current Owner ☐ Court Order # __________________________

☐ Governing Body of Managing Association ☐ State Agency

SIGNATURE: ______________________________ DATE: ______________

ARCH/ENGINEER SIGNATURE: ______________________________ DATE: ______________