



City of Richmond
Community Development Department - Building Division
450 Civic Center Plaza • Richmond, CA 94804

AFFIDAVIT REQUESTING DUPLICATE PLANS

(California Health and Safety Code Section 19851- 19853)

The official copy of the building plans may not be duplicated without written permission from the certified, licensed, or registered professional, if any, who signed the plans and the building owner:

\*\* I hereby request duplicate copies of the building plans on file with the Department for:

Assessor's Parcel Number: Permit Number(s):

Located at: (Address) (City) (Zip Code)

I am aware of the following three provisions of the California Health and Safety Code as follows:

- 1. That the copy of the plans shall only be used for the maintenance, operation, and use of the building.
2. That the 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 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 government agencies, are not authorized or approved in writing by the licensed architect who originally signed the plans, specifications, reports, or documents, provided that the written authorization or approval was not unreasonably withheld by the architect and the architectural service rendered by the architect who signed and stamped the plans, specifications, reports, or documents was not a proximate cause of the damage.

Current Building Owner:

Design Professional of Record:

Signature of person requesting copies:

Printed name of person requesting copies:

Date: Contact Phone Number: Address:

Reason for requesting duplicate set of plans:

FOR BUILDING DIVISION USE ONLY

Owner Permission Date Sent: Date Received:

Professional Permission Date Sent: Date Received: