



Public Works Department  
**BUILDING and ENGINEERING**  
 1444 West Garvey Avenue  
 West Covina, CA 91790  
 Phone 626-939-8425  
 Fax 626-939-8660

## AFFIDAVIT - REQUESTING DUPLICATION OF THE OFFICIAL COPY OF PLANS

As the certified, licensed, or registered professional who signed the original documents of the project address indicated below, or his or her successor, we are notifying you that the Applicant (on page 2) has requested copies of your signed plans. We are required, in return, to request written permission to do so from the certified, licensed, or registered professional, or his/her successor. **Please complete this form and return to our office at the address or fax number above.**

### HEALTH AND SAFETY CODE SECTION 19851 Inspection and duplication of plans

The copy may not be duplicated in whole or in part except (1) with the written permission, which permission shall not be unreasonably withheld as specified in subdivision (f), of the certified, licensed, or registered professional or his or her successor, if any, who signed the original documents and the written permission of the original or current owner of the building, or, if the building is part of a common interest development, with the written permission of the board of directors of governing body if the association established to manage the common interest development of (2) by order of a proper court.

#### PROJECT INFORMATION

Address \_\_\_\_\_

#### ARCHITECT INFORMATION

Name \_\_\_\_\_

State License No. \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

#### ENGINEER INFORMATION

Name \_\_\_\_\_

State License No. \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

#### APPROVALS FROM ARCHITECT/ENGINEER

I APPROVE the request to duplicate the official copy of plans.

I DENY the request to duplicate the official copy of plans.

Name \_\_\_\_\_

Role  Architect  Engineer  Legal Successor

Address \_\_\_\_\_

\_\_\_\_\_

Sign \_\_\_\_\_ Date \_\_\_\_\_

Professional Seal

**APPLICANT INFORMATION**

Project Address \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Name \_\_\_\_\_ Phone No.: \_\_\_\_\_

Applicant Address \_\_\_\_\_

Name of Company \_\_\_\_\_

**AFFIDAVIT**

I, the undersigned, hereby request duplication of the official copy of the plans for the project address listed below. 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 services 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 Professionals 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 government 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.

**DUPLICATION OF THE ORIGINAL COPY OF PLANS WILL NOT BE MADE UNTIL WRITTEN REQUEST 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.**

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Upon receipt of the architect or engineer's approval or a period of 30 days has elapsed and no response has been received, we will notify the Applicant that the request has been approved. The Applicant will make arrangements with our vendor **ARC Imaging Resources** to make copies of the official plans. All arrangements will be handled through our vendor.

**ARC Imaging Resources:** 1207 A. John Reed Court, City of Industry, Ca. 91745  
Telephone: (626) 333-7005, Fax: (626) 961-8368, email: [cityofindustry@e-arc.com](mailto:cityofindustry@e-arc.com)

**FOR OFFICE USE ONLY**

Date Request Sent: \_\_\_\_\_ Processed By: \_\_\_\_\_

Architect's Response:  Approved  Denied \_\_\_\_\_ Engineer's Response:  Approved  Denied \_\_\_\_\_