



CITY OF EL CAJON
 Building & Fire Safety Division
 200 Civic Center Way
 El Cajon, CA 92020
 Phone: (619) 441-1726
 Fax (619) 441-1743

AFFIDAVIT REQUESTING DUPLICATION OF OFFICIAL BUILDING PLANS

Architect/Engineer/Owner: _____

Address: _____

City/State/Zip: _____

I, _____, do hereby declare that the plans requested for address _____, shall be used only for the maintenance, operation, and use of the building.

I understand that the drawings are instruments of professional service, and are incomplete without the interpretation of the certified, licensed, or registered professional of record.

Subdivision (a) of Section 5536.25 of the Business and Professions Code state as follows:

“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.

This declaration is submitted for the sole purpose of obtaining the architect, engineer and owners authorization to obtain a copy of the plans for the building described above. I declare that I have read and understand all of the above. I agree to comply with all restrictions placed upon my use of the building plans.

 Date

 Person Requesting Plans

 Address

 Comments

 Date

 Architect/Engineer/Owner Signature