



AFFIDAVIT AND REQUEST FOR COPY OF PLANS ON MICROFILM

Original or Current Owner*

Date

Address

City/State

Certified, Licensed, or Registered Professional, or Successor Who Signed Original Document

Address

City/State

A request for a copy of the plans retained on microfilm by the Building Inspection Division of the City of Modesto has been made by the undersigned for the project listed below. Your written permission to make the copy is requested below. The following information is required by Section 19851 of the Health and Safety Code of the State of California.

PERSON REQUESTING COPY OF PLANS

I, _____, request a copy of the plans for the building

located at _____, Modesto, California. I

further state that I have read the following statements and that they are true:

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. Section 5536.25(a) of the Business and Professions Code states that a licensed architect who signs and stamps plans, specifications, reports, or documents shall not be responsible for damage caused by subsequent changes to or uses 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 services rendered by the architect who signed and stamped the plans, specifications, reports, or documents was not also a proximate cause of damage.

Signature of Person Requesting Copy

CERTIFIED, LICENSED, OR REGISTERED PROFESSIONAL

The certified, licensed, or registered professional's refusal to permit the duplication of the plans is unreasonable if, upon request from the Building Inspection Division, the professional does either of the following:

1. Fails to respond to the local department within 30 days of receipt by the professional of the request.
2. Refuses to give permission for the duplication.

Permission:

Granted Denied

Certified, Licensed, or Registered
Professional, or Successor

Date

OWNER*

Permission:

Granted Denied

Original or Current Owner*

Date

Address

City

State

Return to: City of Modesto
 Building Inspection
 1010 Tenth Street, Suite 3100
 P. O. Box 642
 Modesto, CA 95353

*If building is part of common interest development - Board of Directors or governing body of the Association.