

Affidavit for Plans Reproduction

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COLINITY OF SAN MATEO	DIVINING VVID	BUILDING DEPARTMENT.	AT THE RECLIEST OF
COUNTY OF SAN MATEU	PLANINING AINL	BUILDING DEPAKTIVIENT.	AT THE REDUEST OF

Name:		Telephone:				
Address:	City:	Sta	ite:	Zip:		
On the hereby reques	day ofts permission to duplicate plans, speci	fications, reports, or docu	ments	s associated with:		
		, unincorporate	ed Sar	n Mateo County, Californ		
relating to build	n is requested in conjunction with Sections ing plans. The requestor hereby attests to		ifornia	Health and Safety Code		
(2) TI co (3) TI w so ch an de sp The following poinform both the specified in sub-	nat the copy of the plans shall only be used nat drawings are instruments of profession ertified, licensed, or registered professional nat subdivision (a) of Section 5536.25 of the ho signs plans, specifications, reports, or dequent changes to, or use of, those plans, specifications or uses, including changes made or athorized or approved by the licensed archocuments, provided that the architectural pecifications, reports, or documents was not a regraphs are excerpted from Section 1980 requestor and the professional. Permissional division (f).	nal service and are incomplet I of record. e Business and Professions Cocuments shall not be respondentifications, reports, or documents made by state or local states are local states are local states are rendered by the archot also a proximate cause of the California Health are	Code st nsible cumen govern ne plan itect w the da	tates that a licensed archite for damage caused by sub- its where the subsequent inmental agencies, are not ins, specifications, reports, or who signed the plans, image.		
	tified, licensed, or registered professional's request from the building department the			-		
re 30 pr as (2) R	eails to respond to the local building department equest. However, if the building department O days of receipt of the request due to seription shall be extended by the building department of the indiverses to give his or her permission for the egistered or certified letter specified in sub-	nt determines that profession ous illness, travel, or other ex partment to allow the profes vidual circumstance, but not duplication of the plans afte	nal is u tenua sional to exc	inavailable to respond with ting circumstances, the tim adequate time to respond, eed 60 days.		
I declare u	nder penalty of perjury under the laws of	the state of California that th	e foreg	going is true and correct.		
	Signature of Requestor			 Date		