



Monterey County Resource Management Agency  
 1441 Schilling Place S, Second Floor, Salinas CA 93901  
 Phone: (831)755-5027 – Fax 757-9516

**AFFIDAVIT FOR PERMISSION TO COPY BUILDING PLANS**

Requestor Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
 Street City State Zip

DESCRIPTION OF PLANS REQUESTED			
Site Address _____	_____	_____	_____
Street	City	State	Zip
Building Permit# _____	APN _____		
Portion of Plans to be copied: _____		Purpose: _____	

**DECLARATION**

I, \_\_\_\_\_, declare as follows:  
 Name of person making request

1. I have requested a copy of the above-described building plans.
2. The copy of the plans shall only be used for the maintenance, operation and use of the building.
3. I acknowledge that drawings are instruments of professional service and are incomplete without the interpretation of the certified, licensed, or registered professional of record.
4. I have been informed 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 and 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.
5. I will pay a fee to the County to cover the costs of duplicating the plans and a fee of \$294.61.

I declare under penalty of perjury under laws of the State of California that the foregoing is true and correct, and that if called upon to do, I could and would testify competently thereto.

\_\_\_\_\_  
 Print Name Signature Date

Phone number when copies are ready for pick-up: \_\_\_\_\_

I agree to give permission for the above-mentioned plans to be copied:

\_\_\_\_\_  
**Draftsman** – Print Name Signature Date

I agree to give permission for the above mentioned plans to be copied:

\_\_\_\_\_  
**Owner** – Print Name Signature Date