



TO BE COMPLETED BY THE REQUESTOR

Date:		APN:	
Requestor's Name:		Site Address:	
Email:		Phone:	
Description and No. of Pages (full or partial set?):			
Purpose:			

I, the undersigned declare as follows:

1. I have requested a copy of the above-described plans, documents and/or reports.
2. As required by Health and Safety Code §19851, this affidavit confirms that the copy of these plans shall only be used for the maintenance, operation, and use of the project. I understand and acknowledge that the drawings are instruments of professional service and are incomplete without the interpretation of the certified, licensed, or registered professional of record. I further understand and acknowledge that subdivision (a) of §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 or uses made by state or local government agencies, are not authorized or approved by the licensed architect who originally signs the plans, specifications, reports, or documents, provided that the architectural service rendered by the architect who signs the plans, specifications, reports, or documents, was not also a proximate cause of the damage.
3. I have read the above provisions and attest that the above statements are true and agree to abide by the limitations stated therein. **I agree to pay for the service and cost of the reproductions**, which will be charged based upon the format, size, and number of documents to be reproduced.

I declare under penalty of perjury under the laws of the State of California that the forgoing is true and correct.

Requestor's Name (print) _____ Signature _____ Date _____

TO BE COMPLETED BY THE ARCHITECT/ENGINEER OF RECORD

The County of Santa Cruz has received a request for permission to duplicate plans or documents that were originally prepared by your office. Pursuant to Health and Safety Code §19851, the County, must first attempt to contact the preparer for permission to copy the plans or documents. This constitutes the County's request per Health and Safety Code §19851. Failure to respond to this request within 30 days will be interpreted as consent to duplicate.

I agree I disagree To give permission for the above-referenced plans and/or documents to be copied.

Print Name _____ Signature _____ Date _____

TO BE COMPLETED BY THE PROPERTY OWNER

The County of Santa Cruz has received a request for permission to duplicate plans or documents that were originally prepared regarding your property. Pursuant to Health and Safety Code §19851, the County, must first attempt to contact the property owner for permission to copy the plans or documents. This constitutes the County's request per Health and Safety Code §19851. Failure to respond to this request within 30 days will be interpreted as consent to duplicate.

I agree I disagree To give permission for the above-referenced plans and/or documents to be copied.

Print Name _____ Signature _____ Date _____