Request to Duplicate Official Copy of Plans

(760) 329-6411 • www.cityofdhs.org

The official copy of building plans cannot be duplicated without written permission from the certified, licensed, or registered professional who signed the plans.

BUILDING & PLANNING

Building Address:		
Assessor's Parcel Number:		
Type/Name of Document(s):		
Person Requesting Duplication:		
Name:		
Address:		
Telephone Number:	Fax Number:	
Project Architect / Engineer:		
Name:		
Address:		
Original or current owner of the building:		
Name:		
Address:		
The following affidavit is required under Section 19851(c) of the California Health and Safety Code as a condition of receiving a duplicate copy of official plans held by the City of Desert Hot Springs:		
AFFIDAVIT		
	requesting a duplicate copy of the official plans for	
the building at(Building Address)	, Desert Hot Springs, California stipulate to all of the	

following conditions as required by the California Health and Safety Code:

- 1. That the copy of the plans shall only be used for the maintenance, operation, and use of the building.
- 2. That drawings are instruments of professional service and are incomplete without the interpretation of the certified, licensed, or registered professional of record.
- 3. That subdivision (a) of Section 5536.25 of the Business and Professional 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 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 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 proximate cause of the damage.

I declare under penalty of perjury that the foregoing is true and correct.		
Signature of Person Requesting Duplication of Plans	_	
	_	
Capacity Claimed By Signer		