



Building Permit Processing Hours Mon.-Fri. 9:00am-4:00 pm Except Holidays

REQUEST for DUPLICATION OF PLANS Health & Safety Code 19851

Request Date: _____ Permit Number(s): _____
 Site Address: _____ City: _____ Zip: _____

Assessor's Parcel Number: _____ Tract/PM: _ Lot #: _

REQUESTOR Name: _____ Phone: _____ Cell: _
 Address: _____ City: _____ State/Zip: _____

 Email/Fax: _____ Company Name: _____

IMPORTANT: The official copy of the plans maintained by the Alameda County Building Inspection Department under Health and Safety Code Section 19851 are open for inspection only in the Building Inspection Department. The following procedures must be followed to request a duplicate copy of plans in whole or in part:

1. Written permission of the certified, licensed or registered professional or his or her successor, if any, who signed the original documents *and* written permission of the original or current owner of the building; or
2. An order of a proper court.

OWNER AUTHORIZATION – CONTACT INFORMATION Current Original
 Name: _____ Company Name: _____
 Address: _____ City: _____ State/Zip: _____

PROFESSIONAL AUTHORIZATION – CONTACT INFORMATION Architect Engineer Designer Other
 Name: _
 Address: _____ City: _____ State/Zip: _____ Lic. #: _____
 Company Name: _____

PROFESSIONAL AUTHORIZATION – CONTACT INFORMATION Architect Engineer Designer Other
 Name: _
 Address: _____ City: _____ State/Zip: _____ Lic. #: _____
 Company Name: _____

PROFESSIONAL AUTHORIZATION – CONTACT INFORMATION Architect Engineer Designer Other
 Name: _
 Address: _____ City: _____ State/Zip: _____ Lic. #: _____
 Company Name: _____

Note:

1. Use additional sheets when more professionals are required.
2. Expect 30 – 60 days to complete the process.
3. Complete and attach authorization form (see page 2) for each required authorization.
4. Processing Fees: Minimum \$140 for each two contact names listed above plus duplication fees.

FOR OFFICIAL USE	Received By: _____	Date: _____	Fee Collected: \$ _____
	Processed By: _____	Date: _____	Comments: _____
	Verified By: _____	Date: _____	Comments: _____



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DUPLICATION OF PLANS - AUTHORIZATION FORM *Health & Safety Code 19851*

AUTHORIZOR'S INFORMATION Architect Engineer Designer Owner (current) Owner (original)

Name: _____ Company Name: _____
 Address: _____ City: _____ State/Zip: _____ Lic. #: _____

AUTHORIZATION (licensed professional only) *After signing, mail this authorization to Alameda County Building Department*

I, _____, have confirmed the above information and agree to give permission for the duplication of professional documents in the possession of the Alameda County for the site address listed below.

Stamp Seal here

Signature & Stamp: _____ Date: _____

DUPLICATION OF PLANS - REQUESTOR'S DECLARATION *Health & Safety Code 19851*

REQUESTOR'S INFORMATION Name: _____

Request Date: _____ Permit Number(s): _____
 Site Address: _____ City: _____ Zip: _____

Assessor's Parcel Number: _____ Tract/PM: _ Lot #: _

I hereby affirm under penalty of perjury that I have requested a duplicate of the official copy of plans:

- That the copy of the plans shall only be used for the maintenance, operation, and use of the building.
- That drawings are instruments of professional service and are incomplete without the interpretation of the certified, licensed or registered professional of record.
- That subdivision (a) of Section 5536.24 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 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 service rendered by the architect who signed the plans, specifications, reports, or documents was not also a proximate cause of the damage

Signature of Requestor: _____ Date: _____

Additional Information *Health & Safety Code 19851*

- Upon receiving the complete package, the Building Department will send registered or certified letter, a copy of the affidavit furnished by the building department which has been completed and signed by the person requesting to duplicate the official copy of the plans. The registered or certified letters will be sent by the building department to the most recent address of the licensed, registered, or certified professional available from the California State Board of Architectural Examiners.
- The certified, licensed, or registered professional's refusal to permit the duplication of the plans is *unreasonable* if, upon request from the building department, the professional does either of the following:
 - Fails to respond to the local building department within 30 days of receipt by the professional of the request. However, if the building department determines that professional is unavailable to respond within 30 days of receipt of the request due to serious illness, travel, or other extenuating circumstances, the time period shall be extended by the building department to allow the professional adequate time to respond, as determined to be appropriate to the individual circumstance, but not to exceed 60 days.
 - Refuses to give his or her permission for the duplication of the plans after receiving the signed affidavit and registered or certified letter specified above.