PROCEDURE FOR OBTAINING COPIES OF PLANS FROM THE PERMIT CENTER
HEALTH & SAFETY CODE 19851 (C)

1. Complete the attached Affidavit/Declaration form and pay $_____ fee.

2. When plans are located:
   A. The Permit Center will notify applicant to select documents to be reproduced.
   B. The Permit Center will request written authorization from the current property owner.
   C. For documents that are stamped/signed by a design professional, the Permit Center will request written authorization from the licensed design professional.

   NOTE: If authorization is not granted by the current property owner or the licensed professional, the City of Alameda cannot release the plans for copying. This process may take up to 45 calendar days to complete.

3. When authorization is received, the Permit Center will contact applicant and a bonded blueprint company to pick up, copy, and return the original plans to the Permit Center within ten (10) working days. The bonded blueprint company will contact applicant when the copies of the plans are available. The applicant is responsible to pick up the copies and pay the copying fees.

   It is recommended that the applicant contact the blue print company for a cost estimate prior to ordering copies.

Attachments:

Form Affidavit/Declaration for Duplication of Building Department Plans
Owner Authorization Form
Letter to Design Professional
Design Professional Authorization Form
FORM AFFIDAVIT/DECLARATION
FOR DUPLICATION OF BUILDING PLANS
PURSUANT TO HEALTH AND SAFETY CODE SECTION 19851 (C)

1. I have requested a duplicate of the official copy of plans from the City of Alameda, Permit Center, for:

<table>
<thead>
<tr>
<th>Reason for duplication:</th>
<th>Permit No.:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Owner Name:</th>
</tr>
</thead>
</table>

| Architect/Professional Information |
|-----------------------------|-----------------|
| Name | Address/City/State | License No. |

2. I declare that the copy of the plans shall be used for the maintenance, operation, and use of the building.

3. Drawings are instruments of professional service and are incomplete without the interpretation of the certified, licensed, or registered professional of record.

4. Subdivision (a) of Section 536.25 of the Business and Professions Code states that is 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 of uses, including changes or uses made by state or local governmental agencies, are not authorized or approved by the licensed architect that 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 agree to pay the appropriate fees.

I declare under penalty of perjury under the laws of the State of California that the foregoing Form Affidavit/Declaration for Duplication of Building Plans Pursuant to Health and Safety Code Section 19851 (c) is true and correct and of my own personal knowledge.

Executed on __________________________, at __________________________, California.

(MONTH, DAY) (YEAR) (CITY)

Name: ________________________________

Signature

Name: ________________________________

Printed Name

Address: ______________________________

Telephone: ____________________________

Date: _________________________________
DESIGN PROFESSIONAL AUTHORIZATION FORM

TO:  City of Alameda                                      Date: ______________
     Planning & Building                                  
     2263 Santa Clara Avenue, Room 190                    
     Alameda, CA 94501                                    

SUBJECT:  ____________________________________________________________

Job Address of Plans Requested

To Whom It May Concern:  ____________________________________________

This correspondence serves as (check only one):

_____ Approval to permit duplication of plans as described on the attached
    “Form Affidavit”

_____ Refusal to permit duplication of plans as described on the attached
    “Form Affidavit”

I declare that I am the property owner of the above noted job address.

I declare under penalty of perjury under the laws of the State of California that the foregoing Form Affidavit/Declaration for Duplication of Building Plans Pursuant to Health and Safety Code Section 19851(C) is true and correct.

Executed on ____________, ______, at ____________________________, California.

(MONTH, DAY)           (YEAR)                      (CITY)

Signature: ________________________________

Printed Name: ________________________________

Address: ________________________________

Telephone Number: ________________________________

Email Address: ________________________________
OWNER AUTHORIZATION FORM

TO: City of Alameda
Planning & Building
2263 Santa Clara Avenue, Room 190
Alameda, CA 94501

Date: ______________

SUBJECT: ____________________________________________________________

Job Address of Plans Requested

To Whom It May Concern: ______________________________________

This correspondence serves as (check only one):

_____ Approval to permit duplication of plans as described on the attached “Form Affidavit”

_____ Refusal to permit duplication of plans as described on the attached “Form Affidavit”

I declare that I am the property owner of the above noted job address.

I declare under penalty of perjury under the laws of the State of California that the foregoing Form Affidavit/Declaration for Duplication of Building Plans Pursuant to Health and Safety Code Section 19851(C) is true and correct.

Executed on _____________, ______, at _________________________, California.

(MONTH, DAY)  (YEAR)  (CITY)

Signature: __________________________________________________________

Printed Name: ______________________________________________________

Address: ___________________________________________________________

Telephone Number: _________________________________________________

Email Address: _____________________________________________________
Design Professional:

This letter is to notify you that we have received a request to duplicate plans that you or your company have submitted for building permits. An approved authorization form would release your plans to be duplicated for this request only; should the City of Alameda have another request to duplicate your plans, this process will be repeated.

The City of Alameda has a time limit on responses to Archive Retrieval requests. Unless a response is received within thirty (30) days, authorization will be automatically granted.

The Permit Center
City of Alameda, Planning and Building Department
2263 Santa Clara Avenue, Room 190
Alameda, CA 94501
Phone: 510-747-6800