

**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

# ARCHIVE RETRIEVAL

## 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:

Reason for duplication:	Permit No.:	
Address:		
Owner Name:		
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  
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: \_\_\_\_\_

**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.

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