

Community Development Dept. 701 Laurel Street

Menlo Park, CA 94025 650.330.6704

REQUEST FOR DUPLICATION OF PLANS

The City of Menlo Park has received a request for permission to duplicate plans or documents that were originally prepared by your office.

Date:	Building Permit Number:		
Owner:	Architect/Engineer:		
Site Address:	Address:		
City, State, Zip:		City, State, Zip:	
Telephone Number:	Telephone Number:		
To be filled out by the Requestor			
Section 19851 of the Health & Safety Code of the State of California requires that the building department, prior to copying plans or documents prepared by a licensed, registered, or certified professional, must first attempt to contact the preparer for permission to copy the plans or documents. Failure to respond to this letter within 30 days will be treated as consent for duplication of the plans.			
I,, request copies for the official plans for the (Requestor's Signature)			
above-mentioned address. I understand and will comply with the following:			
1. That the copy of the plans shall only be used for the maintenance, operation and use of the building.			
2. That the 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 B licensed architect who signs plans, specifications for damage caused by changes or uses, including governmental agencies, are not authorized or appreciated the plans, specifications, reports, or documendered by the architect who signed the plans, specimate cause of the damage.	s, reports, or documents, shall register, changes or uses made by States proved by the licensed architect ments, provided that the architect pecifications, reports, or documents.	not be responsible e or local t who originally ectural service	
Please sign this request at the bottom of this form and Development Department, 701 Laurel Street, Menlo the date of this notice.			
Signed:	License #:	Exp.Date:	
(Certified Professional) Date:	Please Check One	Approved Denied	