

## 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 Nu	Building Permit Number:	
Owner:	Architect/Engineer:		
Site Address:	Address:	Address:	
City, State, Zip:	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 <b>subdivision(a)</b> of <b>Section 5536.25</b> of the licensed architect who signs plans, specification for damage caused by changes or uses, including governmental agencies, are not authorized or apsigned the plans, specifications, reports, or docurendered by the architect who signed the plans, proximate cause of the damage.	as, reports, or documents, sha g changes or uses made by S proved by the licensed archi aments, provided that the archi	all not be responsible state or local tect who originally hitectural service	
Please sign this request at the bottom of this form are Development Department, 701 Laurel Street, Menlotthe date of this notice.			
Signed:(Certified Professional)	License #:	Exp.Date:	
Please Check One Approved			
Date:		Denied	

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