REQUEST TO DUPLICATE PLANS

To Whom It May Concern:                                                      Date: ________________

Subject: (Project/Project Location) ______________________

____________________________________________

____________________________________________

We, the undersigned, do hereby agree and acknowledge the following:

1. That the copy of the drawings requested shall only be used for the maintenance operation and use of the subject building(s).

2. That the drawings are instruments of professional service and are incomplete without the interpretation of the certified, licensed or registered architect and/or engineer of record.

3. That the licensed or registered architect of engineer who originally signed the 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 are not authorized by the original architect/engineer of record.

4. That we shall pay the costs of copying documents to the Division of Building and Safety, RMA.

__________________________________________    Date:_________________

__________________________________________

State of California      )
                       ) ss.
County of __________) On __________________ 20__, before me, __________________________________, Notary Public, personally appeared ___________________ ______________ who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

__________________________________________ (Seal)
Notary Public