



Building Permit Processing Hours Mon.-Fri. 9:00am-4:00 pm Except Holidays
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## REQUEST for DUPLICATION OF PLANS Health & Safety Code 19851

Request Date: \_\_\_\_\_ Permit Number(s): \_\_\_\_\_

Site Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Assessor's Parcel Number: \_\_\_\_\_ Tract/PM: \_\_\_\_\_ Lot #: \_\_\_\_\_

**REQUESTOR** Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Email/Fax: \_\_\_\_\_ Company Name: \_\_\_\_\_

**IMPORTANT:** The official copy of the plans maintained by the Alameda County Building Inspection Department under Health and Safety Code Section 19851 are open for inspection only in the Building Inspection Department. The following procedures must be followed to request a duplicate copy of plans in whole or in part:

1. Written permission of the certified, licensed or registered professional or his or her successor, if any, who signed the original documents *and* written permission of the original or current owner of the building; or
2. An order of a proper court.

**OWNER AUTHORIZATION – CONTACT INFORMATION**  Current  Original

Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

**PROFESSIONAL AUTHORIZATION – CONTACT INFORMATION**  Architect  Engineer  Designer  Other

Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_ Lic. #: \_\_\_\_\_

**PROFESSIONAL AUTHORIZATION – CONTACT INFORMATION**  Architect  Engineer  Designer  Other

Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_ Lic. #: \_\_\_\_\_

**PROFESSIONAL AUTHORIZATION – CONTACT INFORMATION**  Architect  Engineer  Designer  Other

Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_ Lic. #: \_\_\_\_\_

- Note:**
1. Use additional sheets when more professionals are required.
  2. Expect 30 – 60 days to complete the process.
  3. Complete and attach authorization form (see page 2) for each required authorization.
  4. Processing Fees: Minimum \$140 for each two contact names listed above plus duplication fees.

**FOR OFFICIAL USE** Received By: \_\_\_\_\_ Date: \_\_\_\_\_ Fee Collected: \$ \_\_\_\_\_

Processed By: \_\_\_\_\_ Date: \_\_\_\_\_ Comments: \_\_\_\_\_

Verified By: \_\_\_\_\_ Date: \_\_\_\_\_ Comments: \_\_\_\_\_



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**DUPLICATION OF PLANS - AUTHORIZATION FORM** *Health & Safety Code 19851*

<b>AUTHORIZOR'S INFORMATION</b>		<input type="checkbox"/> Architect <input type="checkbox"/> Engineer <input type="checkbox"/> Designer <input type="checkbox"/> Owner (current) <input type="checkbox"/> Owner (original)
Name: _____		Company Name: _____
Address: _____		City: _____ State/Zip: _____ Lic. #: _____
<b>AUTHORIZATION (licensed professional only)</b>		<i>After signing, mail this authorization to Alameda County Building Department</i>
I, _____, have confirmed the above information and agree to give permission for the duplication of professional documents in the possession of the Alameda County for the site address listed below.		Stamp Seal here
Signature & Stamp: _____		Date: _____

**DUPLICATION OF PLANS - REQUESTOR'S DECLARATION** *Health & Safety Code 19851*

<b>REQUESTOR'S INFORMATION</b>		Name: _____
Request Date: _____		Permit Number(s): _____
Site Address: _____		City: _____ Zip: _____
Assessor's Parcel Number: _____		Tract/PM: _____ Lot #: _____
I hereby affirm under penalty of perjury that I have requested a duplicate of the official copy of plans:		
<ol style="list-style-type: none"> <li>1. That the copy of the plans shall only be used for the maintenance, operation, and use of the building.</li> <li>2. That drawings are instruments of professional service and are incomplete without the interpretation of the certified, licensed or registered professional of record.</li> <li>3. That subdivision (a) of Section 5536.24 of the Business and Professional Code states that a 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 the subsequent changes or uses, including changes or uses made by state or local governmental agencies, are not authorized or approved by the licensed architect who 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</li> </ol>		
Signature of Requestor: _____		Date: _____

**Additional Information** *Health & Safety Code 19851*

1. Upon receiving the complete package, the Building Department will send registered or certified letter, a copy of the affidavit furnished by the building department which has been completed and signed by the person requesting to duplicate the official copy of the plans. The registered or certified letters will be sent by the building department to the most recent address of the licensed, registered, or certified professional available from the California State Board of Architectural Examiners.
2. The certified, licensed, or registered professional's refusal to permit the duplication of the plans is *unreasonable* if, upon request from the building department, the professional does either of the following:
  - a. Fails to respond to the local building department within 30 days of receipt by the professional of the request. However, if the building department determines that professional is unavailable to respond within 30 days of receipt of the request due to serious illness, travel, or other extenuating circumstances, the time period shall be extended by the building department to allow the professional adequate time to respond, as determined to be appropriate to the individual circumstance, but not to exceed 60 days.
  - b. Refuses to give his or her permission for the duplication of the plans after receiving the signed affidavit and registered or certified letter specified above.