Town of Corte Madera

Community Development Department

300 Tamalpais Drive
Corte Madera, CA 94925
(415) 927-5062

AFFIDAVIT

Duplication of Plans Request

Applicant Name: _____ Phone Number: _____

Applicant Address: _____

Property Address: _____

Microfiche Sheet Number:	Description of documents to be duplicated:	Name of certified, licensed, or registered professional who authored the documents:
N/A (Digitized)		
N/A (Digitized)		
N/A (Digitized)		

I, the undersigned, hereby request copies of the official Building Department documents identified on this affidavit. I understand that the copied documents are instruments of professional service and are incomplete without the interpretation of the certified, licensed, or registered professional who designed them and that the copied documents shall be utilized only for maintenance, operation, and use of the building described thereon. I further understand that subdivision (a) of Section 5536.25 of the Business and Professions 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.

I understand that the Building Department is required, by Section 19851 of the Health and Safety Code, to request permission to duplicate the documents identified in this affidavit via registered mail to the original or current building owner and the certified, licensed, or registered professional of record, and that authorization to proceed with duplication may take as long as sixty (60) days.

I understand that payment to the Building Department for the duplication of the subject documents is required at the time of submittal of this affidavit, including administrative processing fees, and that additional fees may be assessed depending on the nature of the duplication process. I also understand that the quality of reproduced documents cannot be guaranteed and that fees paid for duplication of records is non-refundable once the work is accomplished.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

(Please sign below in front of a Notary Public)

Signature: _____ Date: _____

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT **CIVIL CODE § 1189**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)

County of _____)

On _____ before me, _____,

Date *Here Insert Name and Title of the Officer*

personally appeared _____

Name(s) of Signer(s)

_____,

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.

Signature _____

Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

☐ Corporate Officer — Title(s): _____

☐ Partner — ☐ Limited ☐ General

☐ Individual ☐ Attorney in Fact

☐ Trustee ☐ Guardian or Conservator

☐ Other: _____

Signer Is Representing: _____

Signer's Name: _____

☐ Corporate Officer — Title(s): _____

☐ Partner — ☐ Limited ☐ General

☐ Individual ☐ Attorney in Fact

☐ Trustee ☐ Guardian or Conservator

☐ Other: _____

Signer Is Representing: _____