



City of El Cajon
Building Safety
200 Civic Center Way
El Cajon, CA 92020
619 441-1726

AFFIDAVIT FOR REQUESTING DUPLICATION OF OFFICIAL BUILDING PLANS

Architect/Engineer of Record on Building Plans

Architect/Engineer of Record: _____

Address: _____

City/State/Zip: _____

To be filled out by entity requesting duplication of plans

I, _____, do hereby declare that the plans requested for address
_____, shall be used only for the maintenance, operation, and use of the
building. I understand that the drawings are instruments of professional service, and are incomplete without the
interpretation of the certified, licensed, or registered professional of record.

Subdivision (a) of Section 5536.25 of the Business and Professions Code states as follows:

"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.

This declaration is submitted for the sole purpose of obtaining the architect, engineer authorization to obtain a copy of the plans for the building described above. I declare that I have read and understand all of the above. I agree to comply with all restrictions placed upon my use of the building plans.

Name of Person Requesting Plans – PLEASE PRINT Signature Date

Phone #: Address of Entity Requesting Plans

To Be Completed By Architect/Engineer of Record on Building Plans – mail to City Hall or email to building@elcajon.gov

Comments: _____

Date

Architect/Engineer/Owner Signature