



# City of Carpinteria

## Request for Duplication of Plans

Pursuant to Health and Safety  
Code 19851

Submit to: Community Development Department, Building and Safety Division  
5775 Carpinteria Avenue, Carpinteria, CA 93013 - (805) 755-4410

### Permit/Plan Information

Relevant Permit Number(s):

Site Address:

Assessor's Parcel Number(s):

### Requestor's Information:

Name:

Phone:

Mobile:

Address:

City:

State:

Zip Code:

Email:

Company Name:

Business Mailing Address (If different from above address):

Business Owner's Name:

Phone:

### Important Legal Information

The official copy of the plans maintained by the City of Carpinteria under Health and Safety Code Section 19851 are open for inspection only in City Hall. 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 or request by any State agency.

### Owner Authorization - Contact Information

Owner: ☐ Original ☐ Current

Name:

Company Name:

Address:

City:

State:

Zip Code:

### Professional Authorization - Contact Information

Type: ☐ Architect ☐ Engineer ☐ Designer ☐ Other:

Name:

Company Name:

Address:

City:

State:

Zip Code:

License Number:

### Professional Authorization - Contact Information

Type: ☐ Architect ☐ Engineer ☐ Designer ☐ Other:

Name:

Company Name:

Address:

City:

State:

Zip Code:

License Number:

#### 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.



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5775 Carpinteria Avenue, Carpinteria, CA 93013 - (805) 755-4410

### Authorization - Owner

I \_\_\_\_\_, have confirmed the above information and agree to give permission for the duplication of professional documents in the possession of the City of Carpinteria for the site address listed above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Authorization - Professional

I \_\_\_\_\_, have confirmed the above information and agree to give permission for the duplication of professional documents in the possession of the City of Carpinteria for the site address listed above.

Stamp Seal here  
(licensed professional only)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Requestor's Declaration (Health & Safety Code 19851)

Name of Requestor (print): \_\_\_\_\_

I hereby affirm under penalty of perjury that I have requested a duplicate of the official copy of plans:

1. That the copy of the plans shall only be used for the maintenance, operation, and use of the building.
2. That drawings are instruments of professional service and are incomplete without the interpretation of the certified, licensed or registered professional of record.
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.

Signature of Requestor: \_\_\_\_\_ Date: \_\_\_\_\_

### Additional Information (Health & Safety Code 19851)

1. Upon receiving the complete package, the Carpinteria Building and Safety Division will send by registered or certified letter, a copy of the affidavit which has been completed and signed by the person requesting to duplicate the official copy of the plans. The registered or certified letter(s) will be sent by the Building and Safety Division 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 and Safety Division, the professional does either of the following:
  - a. Fails to respond to the Building and Safety Division within 30 days of receipt by the professional of the request. However, if the Building and Safety Division 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 and Safety Division 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.

### For Official Use by City Staff

Received By: _____	Date: _____	Fee Collected: \$ _____
Processed By: _____	Date: _____	
Notes: _____		