

City of Tracy 333 Civic Center Plaza Tracy, CA 95376

DEVELOPMENT SERVICES

MAIN 209.831.6400 FAX 209.831.6439 www.cityoftracy.org

## **AFFIDAVIT**

			Current Building Owner? Y/N	
Name of	Applicant (PRINT)			
Street Ad	ddress of Applicant		<del></del>	
City	State	Zip Code	<del></del>	
I hereby official co	•	eering Plans/Maps	of the California Health and Safety Code, a duplicate of the	
FOR TH	E BUILDING LOCATED	AT (BUILDING ADDRESS):		
I affirm t		derstand the provisions of Secti	ion 19851, of the California Health and Safety Code which	
departme signed the	ent, shall request written per e original documents and fro	mission to do so from the certified, l m (1) the original or current owner (	plicate the official copy of the plans maintained by the building licensed, or registered professional, or his or her successor, if any, who of the building or (2), if the building is part of a common interest association established to manage the common interest development.	
		o furnish the form of an affidavit to lins provisions stating all of the follo	be completed and signed by the person requesting to duplicate the owing:	
1. That th	he copy of the plans shall onl	y be used for the maintenance, oper	ration and use of the building;	
	<ol><li>That drawings are instruments of professional service and incomplete without the interpretation of the certified, licensed or registered professional of record;</li></ol>			
A licensed subsequed uses made plans, spe and the a	d architect who signs and sta nt changes to or uses of thos e by state or local governme ecifications, reports, or docur	e plans, specifications, reports, or d ntal agencies, are not authorized or nents, provided that the written aut	Code states that: or documents shall not be responsible for damage caused by documents, where the subsequent changes or uses, including changes or r approved in writing by the licensed architect who originally signed the thorization or approval was not unreasonably withheld by the architect amped the plans, specifications, reports, or documents was not also a	
Attested	to by:			
Signatu	re of Applicant	Date	Telephone Number/Email	