



City of Del Mar

Where the Turf meets the Surf

1050 Camino Del Mar Del Mar, CA 92014
Phone: (858) 755-9313 Fax: (858) 755-2794

AFFIDAVIT REQUESTING DUPLICATION OF OFFICIAL BUILDING PLANS

<u>REQUESTING PARTY</u>	<u>PROFESSIONAL</u>
Company Name:	Company Name:
Contact person:	Contact person:
Street Address:	Street Address:
City, State ZIP:	City, State ZIP:
Phone:	Phone:

PROJECT SITE ADDRESS: _____

APPROXIMATE DATE OF PLAN SET: _____

CITY PERMIT APPLICATION NUMBER: [e.g., DRB16-XXX] _____

The requested copies of plans shall be used only for reference or, when applicable, the maintenance, operation and use of the building or site improvements.

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.

This declaration is submitted for the sole purpose of obtaining the architect's authorization to obtain a copy of the plans for the project site and/or building described above. I agree to comply with all restrictions placed upon my use of the architectural plans.

Dated: _____

Requesting Party Signature: _____

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PERMISSION TO RELEASE A DUPLICATE OF REQUESTED PLAN(S)

I hereby give permission for release of a copy of the above described plans to the requesting party.

Date: _____

Professional's Signature: _____

Professional's Name (Print): _____

Date: _____

Property Owner Signature: _____

Property Owner Name (Print): _____