



AFFIDAVIT

Applicant Information

Applicant(s) Name _____
Address _____ Phone _____
City _____ State _____ Zip _____ email _____

Required

I hereby request, in accordance with Sections 19850 and 19851 of the California Health and Safety Code, a duplicate of the official copy of:

- Building Plans
- Specifications and Calculations
- Reports
- Documents

on file in the City of Chula Vista Development Services Department for

Building address _____
City _____ State _____ Zip _____

I affirm that I am aware of and understand the provisions of Section 19851 of the California Health and Safety Code which states:

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

Attested to by: _____
Applicant Signature

Date