

CITY OF HANFORD
 317 N DOUTY STREET HANFORD, CA 93230

BUILDING DIVISION
 (559) 585-2581 FAX: (559) 583-1633

DRAWING REPRODUCTION AUTHORIZATION

PROJECT NAME: _____

PROJECT PERMIT NO. _____

PROJECT ADDRESS: _____

REQUESTED BY: _____

Health & Safety Code Section 19851(c) Affidavit

The undersigned requesting party hereby states that:

- (1) The copy of the plans shall only be used for the maintenance, operation, and use of the building reflected in the plans.
- (2) Drawings are instruments of professional service and are incomplete without the interpretation of the certified, licensed, or registered professional of record.
- (3) Subdivision (a) of Section 5536.25 of the California Business and Professions 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.

The undersigned requesting party certifies under penalty that he/she/it makes the foregoing statements under the penalty of perjury under the laws of the State of California.

SIGNATURE OF REQUESTING PARTY: _____

ITEMS TO BE COPIED: (Describe all items, i. e. Drawings A-1, A-2, etc., Structural Calcs.
 Dated 3-1-05, etc.)

AUTHORIZED BY: _____
 Architect, Engineer

REQUESTED BY-CITY OF HANFORD: _____
 Name /Title

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Dated 3-1-05, etc.)

AUTHORIZED BY: _____
Architect, Owner, etc. (letter attached)

AUTHORIZED-CITY OF HANFORD: _____
Name _____
Title _____

DATE TAKEN: _____ **TIME:** _____ **BY WHOM:** _____

DATE RETURNED: _____ **TIME:** _____ **BY WHOM:** _____

RECEIVED BY CITY: _____
Signature _____ Date _____ Time _____