

City of Vacaville Community Development Building Division

Request for Duplication of Plans

Date of Request:			
Requested by:			
Phone:	Fax:	Email:	
Company or Agency:			
DESCRIPTION OF DOC specific description of the		OPIED (Address or Subdivision & Lot No. and name	∍ or
(Add additional pages if n	ecessary)		
Pursuant to Health & Safe	ety Code Section 1985	51, I hereby declare that:	
(2) The drawings are instructed of the certified, license(3) Subdivision (a) of Searchitect who signs damage caused by documents where the local governmental a originally signed the	truments of profession ed, or registered profesction 5536.25 of the plans, specifications subsequent changes agencies, are not au plans, specifications, he architect who sign	r the maintenance, operation, and use of the building, nal service and are incomplete without the interpreta essional of record. Business and Professions Code states that a licen, reports, or documents shall not be responsible to, or use of, those plans, specifications, reports s or uses, including changes or uses made by state athorized or approved by the licensed architect of reports, or documents, provided that the architect need the plans, specifications, reports, or documents of the plans, specifications, reports, or documents	sed for , or e or who ural
I declare under penalty of correct and that this declare		vs of the State of California that the foregoing is true at Vacaville, California.	and
Signature:		Date:	
Number of copies made:	CHAI	RGE: \$per page, Total Due: \$	
Copies made by:		Date copied:	