



County of San Diego, Planning & Development Services  
**AFFIDAVIT FOR THE RELEASE OF  
 OFFICIAL BUILDING RECORDS**  
 BUILDING DIVISION

**To be Completed by Applicant**

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

I hereby request a duplicate of the official copy of the building records for the property listed below from the County of San Diego, Planning & Development Services, Building Division.

Building Location:  
 Address: \_\_\_\_\_ Permit Number: \_\_\_\_\_

Tax Assessor's Parcel Number: \_\_\_\_\_

I affirm that I am aware of and understand the provisions of Section 19851(c) 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 the professional service and incomplete without the interpretation of the certified, licensed, or registered professional of record;
3. That subdivision (a) of Section 5536.25 of the 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.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**To be Completed by the Registered Professional**

Name of Professional: \_\_\_\_\_

License Number: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

I am the licensed, registered, or certified professional or legal successor of the licensed, registered or certified professional who signed the original building plans filed with the County of San Diego, Building Division.

I hereby grant permission to the County of San Diego to release said building plans for duplication by the applicant referenced above.

This permission is granted pursuant to Sections 19850 and 19851 of the State of California Health and Safety Code.

Date: \_\_\_\_\_ at Location: \_\_\_\_\_

Print Name of Professional: \_\_\_\_\_

Signature of Professional: \_\_\_\_\_

FOR BUILDING DIVISION USE ONLY

Owner-Permission Date Received: \_\_\_\_\_ Attached: \_\_\_ Professional Permission Date Received: \_\_\_\_\_ Attached: \_\_\_

**5510 OVERLAND AVE, SUITE 110, SAN DIEGO, CA 92123 • (858) 565-5920 • (888) 336-7553**

**HTTP://WWW.SDCPDS.ORG**