



City of Santa Maria Community
Development Department Building &
Safety Division
Phone (805) 925-0951 extension 241
Fax (805) 928-8275



Forms required in order to obtain copies of plans

- The **Request for Records** shall be completed by the person requesting plans.
- The **Affidavit** requires the signature of the person requesting plans.
- The **Release for Duplication of Plans** requires the signature of the Architect / Engineer.
- The **Owner's Release for Duplication of Plans** requires the signature of the current building owner.

Unless you are sure you require all sheets, we suggest that you come into our office @ 110 S Pine St., Suite 101, and preview the plans to determine exactly which sheets you need. Once the proper permission is obtained, our office will contact you.

Please complete & e-mail or fax back the attached form so that we can start this process.



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R E Q U E S T F O R R E C O R D S

Is this request related to a legal matter? Yes No

Date: _____ Project Address: _____

Type of information requested: Plans Permits
 (Please be specific i.e. original plans, tenant improvements, structural, elec, mech, plmbg etc.)

Name: _____ Telephone #: _____

Return info via FAX #: _____ MAIL: _____

Instructions for Processing a Request for Records

1. Submit a completed Request for Records Application and other info as needed.
2. Sign credit card authorization below.

Fees are based on time required to research records. Average fees are:

- \$ 2 per page for printing on 11X17
- \$ 5 per page for printing on 24X36
- \$25 initial fee - to research and obtain authorization from professional of record.

I agree to pay the amount applicable for services rendered. I authorize the City of Santa Maria Building & Safety Division to charge my credit card for that amount.

Signature (above)		Date Signed (above)	
Credit Card Number:	Expiration Date:	Name of Card holder (print):	
Type of Payment (check one):			
<input type="checkbox"/> VISA		<input type="checkbox"/> MASTER CARD	



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**AFFIDAVIT
REQUEST FOR DUPLICATION OF PLANS**

Site Address _____ Permit No. _____

City, State, Zip Code _____ Assessor's
 Parcel No. _____

In accordance with Health and Safety Code, Chapter 10, Section 19851. I hereby request the duplication of the above noted plans under the following conditions:

1. The copy of the plans are only to be used for the maintenance, operation, and use of the building.
2. The 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 5536.25 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 _____

Print Name _____

Address _____ Phone _____

_____ Date _____



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RELEASE FOR DUPLICATION OF PLANS

Certified, Licensed, or Registered Professional

Site Address _____ Permit No. _____

City, State, Zip Code _____ Assessor's
Parcel No. _____

I _____, as certified, licensed, or registered professional
Print Name

of record authorize the duplication of plans for the site noted above in accordance with Health & Safety Code, Chapter 10, Section 19851.

Signature _____ Date _____

Address _____

Telephone No. _____

License No. _____

*****The City of Santa Maria requires that this form be completed and returned via fax "directly" from the design professional.*****



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OWNER'S RELEASE FOR DUPLICATION OF PLANS

Owner, Board of Directors, Governing Body of Association

Site Address _____

Permit No. _____

City, State, Zip Code _____

Assessor's
Parcel No. _____

I _____, as owner of the building, or member of the Board of Directors or
Print Name
 or governing body of the association established to manage this common interest development
 (Association name, if applicable) authorize the duplication of plans for the site noted above in
 accordance with Health & Safety Code, Chapter 10, Section 19851.

Signature _____

Print name _____

Address _____

Phone _____

Date _____