

CITY OF HERMOSA BEACH

AFFIDAVIT IN SUPPORT OF REQUEST FOR COPIES OF OFFICIAL BUILDING PLANS
[Health & Safety Code § 19851(c)]

I, _____, hereby declare as follows:
(printed name)

1. My business or residence address is _____
_____.

2. I have requested that the Community Development Department, Building Division, of the City of Hermosa Beach supply to me duplicates of official building plans for the building located at _____.

for which the City of Hermosa Beach issued a building permit.

3. Pursuant to California Health and Safety Code Section 19851(c), I declare that the copies of the plans I have requested shall only be used for maintenance, operation, and use of the building.

4. I understand that drawings are instruments of professional service and are incomplete without the interpretation of the certified, licensed, or registered professional of record.

5. Pursuant to California Health and Safety Code Section 19851(c)(3), I am informed and understand that subdivision (a) of Section 5536.25 of the California Business and Professions Code states that a licensed architect who signs plans, specification, 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 government 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.

6. I am the _____ owner of the building for which I am requesting
(current or original)

copies of plans. I hereby give the City of Hermosa Beach my permission to copy the official plans for said building. _____

**(COMPLETE THIS PARAGRAPH AND INITIAL
HERE IF APPLICABLE, STRIKE OUT PARAGRAPH IF NOT).**

I declare under penalty of perjury that the foregoing is true and correct. Executed this
_____ day of _____, 20__.

(signature)

(printed name)

(SEE ATTACHED. SIGNATURE MUST BE NOTARIZED.)

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)
County of _____)
On _____ before me, _____
Date Here Insert Name and Title of the Officer
personally appeared _____
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____ Document Date: _____
Number of Pages: _____ Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____
 Corporate Officer -- Title(s): _____
 Partner -- Limited General
 Individual Attorney in Fact
 Trustee Guardian or Conservator
 Other: _____
Signer Is Representing: _____

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 Individual Attorney in Fact
 Trustee Guardian or Conservator
 Other: _____
Signer Is Representing: _____