



Declaration of Original or Current Owner of Building to Duplicate Official Copies of Building Plans

Permit No. _____

I,

_____ Full Name of Owner

_____ Street No. Frac. Dir. Street Name Suffix

_____ City State Zip Code

am the (original/current) owner of the building(s) or structure(s) located at:

BUILDING ADDRESS:

_____ Street No. Frac. Dir. Street Name Suffix

_____ City State Zip Code

I hereby grant permission for the City of Santa Monica to make and deliver a duplicate of the official copy of the plans, specifications and calculations, reports and documents in the above-specified activity number as requested by:

_____ Name of Applicant

_____ Street No. Frac. Dir. Street Name Suffix

_____ City State Zip Code

This permission is granted pursuant to Sections 19850 through 19852 of the State of California Health and Safety Code that states at Section 19851(c) (1) that the copies "shall only be used for the maintenance, operation and use of the building".

I declare under penalty of perjury according to the laws of the State of California that the foregoing is true and correct, and that this declaration was executed on _____ at _____

_____ (Date)

_____ (Place)

_____ Print Name of Owner

_____ Signature

I declare under penalty of perjury according to the laws of the State of California that the foregoing is true and correct, and that this declaration was executed on _____ at _____

_____ (Date)

_____ (Place)

_____ Print Full Name of Notary

_____ Signature

Place Notary Seal here:



REGISTERED OR CERTIFIED PROFESSIONAL TO DUPLICATE OFFICIAL COPIES OF BUILDING PLANS

Permit No. _____

I,
with an
address of

_____ Full Name of Professional

_____ Street No. Frac. Dir. Street Name Suffix

_____ City State Zip Code Daytime Phone Number

am the licensed, registered or certified professional, or the legal successor of the licensed, registered or certified professional who signed the official copy of building plans filed under the above designated Permit Number in the Building & Safety in the City of Santa Monica for the building located at:

BUILDING ADDRESS:

_____ Street No. Frac. Dir. Street Name Suffix

_____ City State Zip Code

I hereby grant permission for the City of Santa Monica to make and deliver a duplicate of the official copy of the plans, specifications and calculations, reports and documents in the above-specified permit number as requested by:

_____ Name of Applicant

_____ Street No. Frac. Dir. Street Name Suffix

_____ City State Zip Code

This permission is granted pursuant to Sections 19850 through 19852 of the State of California Health and Safety Code that states at Section 19851(c) (1) that the copies "shall only be used for the maintenance, operation and use of the building".

I declare under penalty of perjury according to the laws of the State of California that the foregoing is true and correct, and that this declaration was executed on _____ at _____

_____ (Date)

_____ (Place)

_____ Print Name of Architect / Engineer

_____ Signature

I declare under penalty of perjury according to the laws of the State of California that the foregoing is true and correct, and that this declaration was executed on _____ at _____

_____ (Date)

_____ (Place)

_____ Print Full Name of Notary

_____ Signature

Place Notary Seal here:

Please return by mail to: City of Santa Monica Building & Safety 1685 Main St Room 111 Attn: Records Management
Santa Monica, CA 90401 310-458-8355 310-396-6473 (fax)