





**City of San Clemente  
Building Division**

**APPLICATION FOR DUPLICATE OFFICAL COPY OF PLANS**

**I, the undersigned, do hereby request a duplicate of the official copy of the plans for the building or structure located at:**

\_\_\_\_\_

**and do hereby declare under penalty of perjury under the laws of the State of California that:**

- 1. The copy of the plans for which I have applied shall be used only for the maintenance, operation, and use of the building located at the address set forth in this application.**
- 2. I acknowledge that the drawings, plans, and calculations are instruments of professional service and are incomplete without the interpretation of the certified, licensed, or registered professional of record.**
- 3. I acknowledge that Subdivision (a) of Section 5536.25 of the Business and Professions Code states that a licensed architect who signs plans, specification, reports, or documents shall not be responsible for damages caused by subsequent changes to, or use of, those plans, specification, reports, or documents where the subsequent changes uses, including changes or uses made by state of local governmental agencies, are not authorized or approved by the licensed architect who originally signed the plans, specification, reports, or documents, provided that the architectural service rendered by the architect who signed the plans, specification, reports, or document was not also a proximate cause of damages.**
- 4. In consideration for the City's approval of this application, I do hereby agree to indemnify and hold harmless the City of San Clemente, its officers and employees from any and all claims, suits and liability which may arise due to my receipt of the copy of the official plan and any use to which my copy of the plan may be applied.**

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ at \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Typed or Printed Name of Applicant

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Address City State & Zip



**City of San Clemente  
Building Division**

**OWNER/AGENT AUTHORIZATION TO DUPLICATE**

- I, the current owner or authorized agent for the owner, of the building or structure located at:

\_\_\_\_\_

hereby give my permission to the CITY OF SAN CLEMENTE to copy or permit to be copied, the official copy of the plans for the above address.

- I, the agent for the board of directors or governing body of the association established to manage the common interest development, located at:

\_\_\_\_\_

hereby give my permission to the CITY OF SAN CLEMENTE to copy or permit to be copied, the official copy of the plans for the above address.

Signed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ at \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner or Agent

\_\_\_\_\_  
Typed or Printed Name of Owner or Agent

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State & Zip