



CITY OF MOUNTAIN VIEW

Community Development Department • Building Inspection Division
500 Castro Street • Post Office Box 7540 • Mountain View, California 94039-7540
• Phone (650) 903-6313 • Fax (650) 962-8501

REPRODUCTION OF PLANS FROM MICROFICHE

REQUESTOR INFORMATION

Contact Person: _____ Phone Number: _____

Address: _____

FRAME REPRODUCTION INFORMATION

Indicate which frame(s) you want reproduced below. All microfiche is sent via bonded courier to: **BMI Imaging Systems, Inc. at 1115 East Arques Avenue, Sunnyvale, CA 94085**. Prior to reproduction, authorization between Requestor and BMI is needed. All reproduction costs are paid directly to BMI Imaging upon pick up of completed job. Any questions regarding job status and pricing should be directed to Dody Van Dyke at 408-736-7444, extension 227.

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- Owner Request
- Release letter(s) included
- Person/Firm who owns plans are deceased, not responding, or no longer in business

I request the above designated copies to be made and with my signature below, agree to pay BMI for all charges related to this request.

Signature

Date

Print Name



AFFIDAVIT

The City of Mountain View Building Inspection Division, at the request of,

(Requestors Name): _____

(Requestors Address): _____

on this _____ day of _____, 20 _____, I hereby request permission to duplicate plans, specifications, reports, or documents associated with

(Site Address) _____, Mountain View, California.

This information is requested in conjunction with Sections 19850 and 19851 of the California Health and Safety Cod relating to buildings as amended in Part 3, Chapter 10 on February 16, 2005. The requestor hereby attests to the following:

- (b) Any building department of a city or county, which is requested to duplicate the official copy of the plans maintained by the building department, shall request written permission to do so from the certified, licensed, or registered professional, or his or her successor, if any, who signed the original documents and from
 - (1) the original or current owner of the building or
 - (2) if the building is part of a common interest development, from the board of directors or other governing body of the association established to manage the common interest development.
- (c)
 - (1) That the copy of the plans shall be only used for maintenance, operation, and use of the building.
 - (2) That 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 Professionals Code states that a licensed architect who signs plans, specifications, reports or documents shall not be responsible for damage caused by subsequent changes or uses, including uses made by State and local governmental agencies, are not authorized or approved by the licensed architect who originally signed the plans, specifications, reports, or documents was not also a proximate cause of the damage.

The following paragraphs are copied from the above-mentioned chapter and provided to inform both the requestor and the professional.

- (f) The certified licensed or registered professional’s refusal to permit duplication of the plans is unreasonable if, upon request from the building department, the professional does either of the following:
 - (1) Fails to respond to the local building department within 30 days of receipt by the professional of the request. However, if the building department determines that the professional is unavailable to respond within 30 days of receipt of the request due to serious illness, travel, or other extenuating circumstances, the time period shall be extended by the building department to allow the professional adequate time to respond, as determined to be appropriate to the individual circumstance, but not to exceed 60 days.
 - (2) Refuses to give his or her permission for the duplication of the plans after receiving the signed affidavit and registered letter specified in subdivisions (c) and (d).

Signature of Requestor: _____ Date: _____