

**CITY OF SAUSALITO**  
**COMMUNITY DEVELOPMENT DEPARTMENT**  
420 LITHO ST | SAUSALITO CA 94965  
TEL: 415.289.4128 | FAX: 415.339.2256

**CONSENT TO REPRODUCE PLANS**

*PLEASE PRINT*

Property Address: \_\_\_\_\_

Name of Current Property Owner: \_\_\_\_\_

Name of Requestor: \_\_\_\_\_

Name and Address where plans should be mailed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_

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Pursuant to California Health and Safety Code Section 19851, official copies of building plans maintained by city building departments may not be duplicated in whole or in part without:

- 1) The written permission of the original or current owner of the building.
- 2) The written permission of the certified, licensed or registered professional, if any, who signed the original documents (or his or her successor). This permission may not be unreasonably withheld and is obtained by the City sending a registered letter to the professional along with the attached signed affidavit. Unexplained failure to respond to the City's request within thirty (30) days or refusal following receipt of the affidavit and City request is considered "unreasonable", and the City is then allowed to make the requested copy.

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**CONSENT OF CURRENT OR ORIGINAL OWNER**

I am the current or original owner of the building described above. I consent to the request that the City make a copy of the official plans of that building.

Signature of owner: \_\_\_\_\_ Date: \_\_\_\_\_

**CONSENT OF CERTIFIED, LICENSED OR REGISTERED PROFESSIONAL, IF ANY**

Name and current address of certified, licensed or registered professional who signed the original plans, or None:

*PLEASE PRINT*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUESTOR’S AFFIDAVIT**

I, \_\_\_\_\_, hereby request a copy of the City of Sausalito Community Development Department’s official building plans for the building located at \_\_\_\_\_. The requested plans shall only be used for the maintenance, operation and use of the building. I understand that to the extent that the plan was prepared by a certified, licensed or registered professional, the plan copy to be provided to me is an instrument of professional service and is incomplete without the interpretation of the certified, licensed or registered professional of record. I understand that pursuant to California Business and Professions Code Section 5536.25(a), 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 license 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.

Requestor’s signature: \_\_\_\_\_ Date: \_\_\_\_\_

I am (the successor of) the certified, licensed or registered professional who signed the original plans of the building described above. I consent to the request that the City make a copy of the official plans of that building.

Signature of Professional: \_\_\_\_\_ Date: \_\_\_\_\_

Please return the signed copy of this document to:  
COMMUNITY DEVELOPMENT DEPARTMENT  
CITY OF SAUSALITO  
420 LITHO STREET  
SAUSALITO, CA 94965