



**CITY OF PALM DESERT**

Building & Safety Department

73-510 Fred Waring Dr., Palm Desert, CA (760) 776-6420

**REQUEST FOR BUILDING RECORDS**

1. Send me records that are **NOT** protected or stamped. Return this form to [buildingrecords@cityofpalmdesert.org](mailto:buildingrecords@cityofpalmdesert.org) with complete address information, we will respond with all records available on subject address that are not protected or stamped.  
**Address:** →

2. I require a copy of **ALL** records including all protected or stamped plans. Return the affidavit portion of this form. To release a copy of protected or stamped plans/documents we require written authorization from both the property owner and the architect/engineer of record.  
**Address:**

I certify the following conditions:

1. That the copy of the plans shall only be used for the maintenance, operation and use of the building.
2. That 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 Professions Code states that a licensed architect who signs the 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 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.

**DUPLICATION OF THE ORIGINAL COPY OF PLANS WILL NOT BE MADE UNTIL WRITTEN PERMISSION AND/OR SIGNATURE IS RECEIVED FROM THE CERTIFIED, LICENSED OR REGISTERED PROFESSIONAL OF RECORD OR HIS OR HER SUCCESSOR; OR A PERIOD OF 30 DAYS HAS ELAPSED AND NO RESPONSE HAS BEEN RECEIVED**

APPLICANT			
Name		Date	
Address	City	State	Zip Code
Phone Number			
Signature			

HOME OWNER			
Name			Date
Address	City	State	Zip Code
Phone Number			
Signature			

ARCHITECT			
Name			Date
Address	City	State	Zip Code
Phone Number			
Signature			

ENGINEER			
Name			Date
Address	City	State	Zip Code
Phone Number			
Signature			

As the certified, licensed, or registered professional who signed the original documents for the project address below, or his or her successor, we are required by law to notify you that the undersigned has requested copies of your signed plans. We are required, in return, to request written permission to do so from the certified, licensed, or registered professional, or his or her successor and original or current property owner.

**Health and Safety Code Section 19851 Inspection and duplication of plans**

The copy may not be duplicated in whole or in part except (1) with the written permission, which permission shall not be unreasonably withheld as specified in subdivision (f), of the certified, licensed or registered professional or his or her successor, if any, who signed the original documents and the written permission of the original or current owner of the building, or, if the building is part of a common interest development, with the written permission of the board of directors or governing body of the association established to manage the common interest development, or (2) by order of a proper court.