



City of La Mirada  
City Clerk's Office  
13700 La Mirada Boulevard, La Mirada, CA 90638  
[www.cityoflamirada.org](http://www.cityoflamirada.org)  
(562) 943-0131

### AFFIDAVIT REQUESTING DUPLICATE PLANS

The official copy of the building plans may not be duplicated without the written permission of the certified, licensed, or registered professional (or successor, if any) who signed the original documents and from the current owner of the building or 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. The individual requesting copies of plans shall incur all costs of duplicating the plans.

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I hereby request duplicate copies of the building plans on file with the City of La Mirada for:

Assessor's Parcel Number: \_\_\_\_\_ Permit Number(s): \_\_\_\_\_

Located at: \_\_\_\_\_  
(Address) (City, State) (Zip Code)

I am aware of the following provisions of the California Health and Safety Code as follows:

1. That the copy of the plans shall only be used for the 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 Professions Code states that 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 licensed architect who originally signed the plans, specifications, reports, or documents.

I do hereby agree to indemnify and hold harmless the City of La Mirada from liability, which may arise due to my receipt of the copy of the official plan, and any use to which my copy of the plans may be applied. I certify that all statements made on this affidavit are true and complete to the best of my knowledge.

Printed name of person requesting copies: \_\_\_\_\_

Signature of person requesting copies: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Reason for requesting duplicate set of plans:

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



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**AUTHORIZATION TO DUPLICATE PLANS – LICENSED ARCHITECT/ENGINEER**

I, the undersigned certified, licensed, or registered Professional of Record who signed the plans for the building or structure located at the following address:

\_\_\_\_\_, hereby authorize the City of La Mirada to copy or permit the Official Copy of Plans for the above mentioned building or structure to be copied only with the following conditions:

1. The copy of the plans shall be used only for the maintenance, operation and or use of the building.
2. Pursuant to the provisions of subdivision (a) of Section 5536.25 of the Business and Professions Code, I shall not be held responsible for subsequent changes, which I have not authorized, to these plans, specifications, reports or documents, where the subsequent changes or uses, including changes or uses made by state or local governmental agencies are cause for damage, provided that the architectural service which I rendered, is not also a proximate cause of the damage.

I do hereby agree to indemnify and hold harmless the City of La Mirada from liability, which may arise due to the receipt of the copy of the official plan, and any use to which the copy of the plans may be applied. I certify that all statements made on this affidavit are true and complete to the best of my knowledge.

\_\_\_\_\_  
 Signature of Licensed Architect/Engineer

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Telephone

\_\_\_\_\_  
 Address City State ZIP



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**AUTHORIZATION TO DUPLICATE PLANS – PROPERTY OWNER**

I, the undersigned property owner of the following address:

\_\_\_\_\_, hereby authorize the City of La Mirada to copy or permit the Official Copy of Plans for the above mentioned building or structure to be copied only with the following conditions:

1. The copy of the plans shall be used only for the maintenance, operation and or use of the building.
2. Pursuant to the provisions of subdivision (a) of Section 5536.25 of the Business and Professions Code, I shall not be held responsible for subsequent changes, which I have not authorized, to these plans, specifications, reports or documents, where the subsequent changes or uses, including changes or uses made by state or local governmental agencies are cause for damage, provided that the architectural service which I rendered, is not also a proximate cause of the damage.

I do hereby agree to indemnify and hold harmless the City of La Mirada from liability, which may arise due to the receipt of the copy of the official plan, and any use to which the copy of the plans may be applied. I certify that all statements made on this affidavit are true and complete to the best of my knowledge.

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Address City State ZIP



**CITY OF LA MIRADA**  
*D E D I C A T E D T O S E R V I C E*

13700 La Mirada Boulevard  
La Mirada, California 90638  
P.O. Box 828  
La Mirada, California 90638  
Phone: (562) 943-0131 Fax: (562) 943-1464  
www.cityoflamirada.org

**CITY OF LA MIRADA**  
**Acceptance of Documents**

By accepting the following documents:

\_\_\_\_\_  
(Description of Documents)

and signing this form, I (Name: \_\_\_\_\_ ) certify that I am

employed by: \_\_\_\_\_  
(Copy Service Name)

a bonded, licensed and insured copy service company. I acknowledge that the subject documents being released to me are property of the City of La Mirada.

I accept responsibility to use reasonable care in the transport and use of these documents and accept liability for any actions that may be deemed inappropriate or damaging.

I agree that I will return the documents to the City of La Mirada by: \_\_\_\_\_  
(Date)

I also agree to abide by Copyright laws and policies.

By signing this agreement, I acknowledge that I have read, understand and agree to the above.

\_\_\_\_\_  
Sign

\_\_\_\_\_  
Date