



**COMMUNITY AND ECONOMIC DEVELOPMENT DEPARTMENT  
BUILDING DIVISION**

**PO Box 1609, Mammoth Lakes, CA 93546  
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(760) 965-3632**

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**Town of Mammoth Lakes  
Affidavit for Request to Duplicate Building Plans**

I \_\_\_\_\_, hereby request to duplicate the official copy of the plans for the building located at \_\_\_\_\_ for (project name / type) \_\_\_\_\_ in the Town of Mammoth Lakes. I understand that I am prohibited from copying any plans for a building containing a bank, other financial institution, or public utility, pursuant to the California Health and Safety Code section 19853. I further understand that I am obligated to reimburse the Town for all costs associated with this request, pursuant to Health and Safety Code section 19851, subdivision (e). I understand that I am legally bound by the following provisions of Health and Safety Code section 19851, subdivision (c):

- 1) The copy of the plans shall only be used for the maintenance, operation, and use of the building;
- 2) The drawings are instruments of professional service and are incomplete without the interpretation of the certified, licensed, or registered professional of record; and
- 3) Subdivision (a) of Section 5536.25 of the California Business and Professions Code states that a licensed architect, who signs plans, specifications, reports, or documents shall not be responsible for damaged caused by subsequent changes to or uses of those plans, specifications, reports, or documents where the subsequent changes or uses, including changes or uses made by the state or local government 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, specifications, reports, or documents was not also a proximate cause of the damage.

I declare under penalty of perjury under the laws of the State of California that the foregoing statements are correct.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone