CITY OF CHULA VISTA

DEPARTMENT OF PLANNING & BUILDING

ADMINISTRATION DIVISION

276 Fourth Avenue Chula Vista CA 91910

619-691-5272 619-409-5861 FAX

AFFIDAVIT

FORM 4554 (rev. 4/05)

Activity No. _____

_____
Name of Applicant

_____
Street Address of Applicant

_____
City State Zip Code

I hereby request, in accordance with Sections 19850 and 19851 of the California Health and Safety Code, a duplicate of the official copy of:

☐ Architectural/Engineering Plans/Maps ☐ Specifications and Calculations ☐ Reports ☐ Documents

on file in the City of Chula Vista Planning and Building Department for

BUILDING ADDRESS: _____
Street No. Frac. Div. Street Name Suffix

_____
City State Zip Code

I affirm that I am aware of and understand the provisions of Section 19851, of the California Health and Safety Code which states:

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 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 Profession Code states that a licensed architect who signs plans, specifications, reports or documents **shall not be responsible for damage caused by the 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 government 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.

Attested to by: _____
Signature of Applicant

_____ _____
Date Telephone Number