

AUTHORIZATION FORM

Pursuant to Health and Safety Code Section 19851, any building department of a city or county, which is requested to duplicate the official copy of the plans maintained by the building department, shall request written permission to do so from the certified, licensed, or registered professional, or his or her successor, if any, who signed the original documents and from (1) the original or current owner of the building or (2), 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 following form is provided for your convenience. If you should have any questions, please telephone the City of San Juan Capistrano City Clerk's office at (949) 443-6308.

Regarding Plan Duplication Request for:

(Type or Print Property Address & Assessor Parcel Number)

I declare that I am:

(Check One)

- The original or current owner of the property described above;
- A member of the director or other governing body of the association established to manage the above described building, and have authority to sign on behalf of the governing body; or
- The certified, licensed, or registered professional or his or her successor who signed the original documents on the above-described property.

I, _____ → **PERMIT/ REFUSE TO PERMIT**
(Type or print your name and the name of your organization, if applicable) **(CIRCLE ONE)**
the City of San Juan Capistrano to duplicate the building plans described above. Further, a facsimile of my signature may be used for the limited purpose set forth herein.

_____ signed this day _____, 2022.

Please Mail or Email within thirty (30) days of the receipt to:

City Clerk's Office
City of San Juan Capistrano
32400 Paseo Adelanto
San Juan Capistrano, CA 92675

cityclerk@sanjuancapistrano.org or
FAX to (949) 493-1053