

CONTRA COSTA COUNTY DEPARTMENT OF CONSERVATION AND DEVELOPMENT RECORDS DIVISION

30 Muir Road, Martinez, CA 94553 PH: (925) 674-7213 FAX: (925) 674-7250

WEB: https://www.contracosta.ca.gov/dcd EMAIL: Records@dcd.cccounty.us

RECORDS RESEARCH REQUEST FORM

Pages 1-2 must be completed/signed for all requests.

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Your Name:				Date:					
Υοι	Your Street Address:		#:	Phone #:					
City	City/State/Zip:								
Email Address:				referred Method of Contact: Phone Email					
Add	Address(es) to be researched:								
Relationship to address to be researched: Owner Consultant Contractor Potential Buyer Realtor Other:									
I an	I am requesting copies of:								
Building: Permit History Inspection History/Certificate of Compliance Plans (see items 4 -7 below) Structural Calculations Grading Documents									
Planning: Planning Project File Plans (see items 4 -7 below)									
Additional Information Requested (please be specific):									
Delivery Method: Download Link via email Mail *postage and copy fees apply In-Person viewing (by appointment only)									
TERMS AND CONDITIONS									
1.	Records research is provided on a first come, first serve basis. Requests may take up to 2 weeks or more. We cannot guarantee that we will be able to locate any/all documents requested. You will be notified by phone or email when your request is completed.								
2.	. If you are not the property owner and are requesting copies of plans, you must obtain the current property owner's written permission on this form. The requestor must obtain the current owner's authorization on page two (2) of this form PRIOR to submitting this record request.								
3.	3. If you are signing the Owner's Authorization to Release Plans on page two (2) of this form on behalf of a corporation, LLC, bank, condominium homeowner's association, etc., please bring a separate letter on official letterhead explaining the authority of the person who signs this form on behalf of the group. If the owner is a trust, please include a copy of the trust that lists your name as a trustee.								
4.	If requesting copies of plans, requestor must submit the signed and completed AFFIDAVIT FOR PERMISSION TO COPY BUILDING PLANS.								

If a licensed architect or engineer has stamped the plans/documents, State Law (Health and Safety Code Section 19851) requires written authorization from the licensed professional(s) prior to duplication of the plans/documents. This process can take up to 30 to 40 days. If stamped plans/documents are found and you would like a copy, the Records Clerk will provide this service and notify you to get approval to start the process and provide you with the cost associated with the Affidavit process. The cost is \$48.00 to process the AFFIDAVIT AUTHORIZATION REQUEST for EACH LICENSED PROFESSIONAL . Once permission is granted by the licensed professional(s) and the documents are prepared, the Records clerk will provide the authorized plans/documents.						
6.	5. The copy fee is \$0.10 per page for 8½ x11 and \$0.20 for 8½ x14 or 11x17, with a \$1.00 minimum fee. Documents requested to be certified have an additional charge of \$4.50 for the first page and \$1.00 for each additional page. Upon completion of the research, the Records clerk will notify you with the total amount of fees due.					
7.	7. Fees are payable by cash, check, or credit card in person or online. If paying by credit card, we will email you an invoice to pay online on our ePermits Center website. Please note that there is a 2.5% convenience fee (\$1.00 minimum) charged separately by our 3rd party payment processor for credit card payments.					
8.	3. If there is no response from you on your request for 30 days (unless the affidavit process is in effect), your request will be closed. Prior completed research will be destroyed and you will need to resubmit a new records request form.					
9.	9. Incomplete forms will not be processed.					
PROPERTY OWNER'S AUTHORIZATION TO RELEASE PLANS: (See Terms and Conditions #2 and #3)						
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AFFIDAVIT FOR PERMISSION TO COPY BUILDING PLANS

(COMPLETED BY PERSON REQUESTING DUPLICATE OF OFFICIAL COPY OF BUILDING PLANS)

Requ	uestor Name:		·			
Street Address:			City, State, ZIP:			
Phone Number:						
Addr	ress of Plans Requested:					
Build	ling or Planning Application # (optional):					
Purp	ose:					
l,	Name of person making request		_ , declare as follows:			
1.	I have requested a duplicate copy of the official copy of Contra Costa County for the above described ad		e plans maintained by the Building Inspection Division s).			
2.	That the copy of the plans shall only be used for the maintenance, operation, and use of the building.					
3.	The drawings are instruments of professional service and are incomplete without the interpretation of the certified, licensed, or registered professional of record.					
4.	That subdivision (a) of Section 5536.25 of the Business and Professions Code states that a licensed architect wh 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, 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.					
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Affiant	t (Signature)					
Printe	d Name					