

Town of Ross

Planning and Building Department Post Office Box 320, Ross, CA 94957

REQUEST FOR DUPLICATION OF PLANS

Date:				
Architect/Engineer:				
License number:				
Address			<u></u>	
City:	_ State:	Zip:		
Property owner:				
Address				
City:	_ State:	Zip:		
Site location/ Project description:				
Permit #:				
The Town of Ross Building Division has re- were originally prepared by your office. S requires that the Building Division, prior t certified professional, must first attempt to Your failure to respond to this letter within	section 19851 o copying pla to contact the	of the Health & Safety ins or documents prepa e preparer for permission	code of the State of Californ ared by a licensed, registered, on to copy the plans or docur	ia , or
☐ I do give. ☐ I do not give my wri		•	•	
License No. & expiration date:				

Please sign this request and return it no later than 30 days from the date of the receipt to address above.