

Town of Ross

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

REQUEST FOR DUPLICATION OF PLANS

Date:				
Architect/Engineer:				
License number:			. <u></u> .	
Address				
City:	State:	Zip:		
Property owner:				
Address				
City:	State:	Zip:		
Site location/ Project description:				
Permit #:				
The Town of Ross Building Division has were originally prepared by your office requires that the Building Division, pri certified professional, must first attern Your failure to respond to this letter were responded.	e. Section 19851 of or to copying plans apt to contact the p	f the Health & Safet or documents prep preparer for permiss	ey code of the State of the Sta	of California egistered, or s or documents.
☐ I do give. ☐ I do not give my	•	•	_	
Signature:	Dat	e:		
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.