



# AUTHORIZATION TO DUPLICATE

(Professional of Record)

The City of Oakland  
Planning and Building Dept.  
Records Unit  
250 Frank H. Ogawa Plaza  
Oakland, CA 94612  
RecordsInfo@oaklandca.gov

I, the undersigned, being the certified, licensed or registered Professional of Record, or his or her successor, who signed the plans for the building or structure located at the following address:

\_\_\_\_\_  
(property address)

\_\_\_\_\_  
(permit number)

have received a copy of the requester's executed affidavit and hereby give my permission to the City of Oakland to release a duplicate copy of the official building plans on file with the City for the above-mentioned building or structure to:

\_\_\_\_\_  
(name of requestor)

Check here if signing as successor to the Professional of Record.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
(signature of professional)

\_\_\_\_\_  
(printed name of signer)

\_\_\_\_\_  
(address)

\_\_\_\_\_  
(city, state, zip code)

\_\_\_\_\_  
(telephone number)

**(Seal)**

When completed, please return this original authorization to:

City of Oakland  
Planning and Building Department  
ATTN: Records Unit  
250 Frank H. Ogawa Plaza  
2<sup>nd</sup> Floor, Suite 2328  
Oakland, CA 94612  
RecordsInfo@oaklandca.gov