



Request Number: \_\_\_\_\_

# Community Development Department

2100 Thousand Oaks Boulevard • Thousand Oaks, CA 91362  
Planning Division • Phone 805/449.2323 • Fax 805/449.2350 • www.toaks.org  
Building Division • Phone 805/449.2500 • Fax 805/449.2575 • www.toaks.org

## RECORDS REQUEST (Building and Planning Divisions)

For questions regarding your request, email [communitydevelopment@toaks.org](mailto:communitydevelopment@toaks.org)  
or call (805) 449-2500 ext. 0 during business hours.

<b>Requestor Information:</b>	I am the:	<input type="checkbox"/> Property Owner	<input type="checkbox"/> Contractor	<input type="checkbox"/> Other: _____
Requestor Name: _____	Date: _____			
Phone number: _____	E-mail address: _____			

<b>Documents/Information Requested:</b>				
Property Type:	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial	<input type="checkbox"/> Other: _____
Property Address or Location: _____				
Building Records:	<input type="checkbox"/> Original Construction Plans	<input type="checkbox"/> Additions/Alterations	<input type="checkbox"/> Permit Details	<input type="checkbox"/> Other: _____
Planning Case Inquiry:	Case #(s): _____			
	<input type="checkbox"/> Approvals	<input type="checkbox"/> Resolutions/Ordinances	<input type="checkbox"/> Conditions	<input type="checkbox"/> Staff Report
	<input type="checkbox"/> Exhibits	<input type="checkbox"/> Other: _____		
Other Information: _____				

Are you viewing only or requesting copies?  Viewing Only /  Requesting Copies

**You will be contacted within 10 days regarding your request. Release of plans requires owner of record and original architect/engineer authorization. If authorization cannot be obtained, plans will be released 30 days from architect/engineer notification.**

**Document review in our office is by APPOINTMENT ONLY** at no charge. A per page fee applies to photocopies ledger-size and smaller. Photocopies of full-size plans require alternate arrangements.

## AFFIDAVIT FOR RECORDS

I hereby request the authority to view or duplicate the official copy of the building and/or planning records for the above address and agree:

1. That the plan copies shall only be used for the maintenance, operation, and use of the building.
2. That the drawings are instruments of professional service and are incomplete without the interpretation of the certified, licensed, or registered professional of record.
3. That, as stated in subdivision (a) of Section 5536.25 of the Business and Professions Code, a licensed architect who 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 government agencies, are not authorized or approved by the licensed architects 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.

Executed on (date) \_\_\_\_\_

Signature: \_\_\_\_\_

**FOR DEPARTMENT USE ONLY**

Property Address: \_\_\_\_\_

OOB, if different: \_\_\_\_\_ Release date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Architect: \_\_\_\_\_ Release date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Engineer: \_\_\_\_\_ Release date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Other: \_\_\_\_\_ Release date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Tract #: \_\_\_\_\_ Square Footage: \_\_\_\_\_ / \_\_\_\_\_ Permit #: \_\_\_\_\_

Viewed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Letter sent: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Release date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Notes: \_\_\_\_\_

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