

County of Santa Cruz Planning Department

701 Ocean Street 4th Floor, Santa Cruz, CA 95060 | (831) 454-2260 | www.sccoplanning.com

Transfer of Responsibility Form

Project Information		Permit #:
APN:		Date:
Description of Work		
Transfer of Responsibility to Architect or Engineer of Record		Lic #:
Name:		Email:
Address:		Phone:
Architect	Geotechnical Engineer	Civil Engineer
Structural Engineer	Geological Engineer	Other (type):
Our firm is taking over the abov	ve referenced project as the architect or e	
_	reports including author, title, date, and p	er of responsibility. Completed work reviewed to date is roject number):
I concur with all of the cor	er our professional opinions as follows (ch	
	port the conclusions or recommendations culations, recommendations, supporting d	as detailed on the attached plan(s), calculations, or lata, and reasoning as applicable).
completion of the work.	accept responsibility within our area of ted	chnical competence for approval of this project upon
Signature:		Date: