



# COUNTY OF SANTA CRUZ

## PLANNING DEPARTMENT

701 OCEAN STREET, 4<sup>TH</sup> FLOOR, SANTA CRUZ, CA 95060  
(831) 454-2580 FAX: (831) 454-2131 TDD: (831) 454-2123  
KATHLEEN MOLLOY PREVISICH, PLANNING DIRECTOR

### CIVIL or STRUCTURAL ENGINEER TRANSFER OF RESPONSIBILITY

APN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DATE: \_\_\_\_\_

OWNER: \_\_\_\_\_

PROJECT LOCATION: \_\_\_\_\_  
\_\_\_\_\_

PROJECT DESCRIPTION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Our firm is taking over the above referenced project as the project civil engineer of record.

I have reviewed the original engineering work for this project. Completed work reviewed to date is as follows (detail all plans and reports including author, title, date and project number):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Based upon our review, we offer our professional opinions as follows (check where applicable):

\_\_\_\_ I concur with all of the engineering conclusions and recommendations.

\_\_\_\_ I do not agree with or support structural conclusions or recommendations as detailed on the attached plan(s) and calculations (attach new calculations and recommendations and all new supporting data and reasoning).

*Please read prior to signature*

*By signing below, we agree to accept responsibility within our area of technical competence for approval of this project upon completion of the work.*

SIGNED: \_\_\_\_\_  
(Apply California State-registered civil engineer's signature and wet stamp here)

RETURN TO: \_\_\_\_\_