

**ATTACHMENT A**

City and County of San Francisco  
Department of Building Inspection



London N. Breed, Mayor  
Patrick O’Riordan, C.B.O., Director

# Wood-Frame Seismic Retrofit Program

## SCREENING FORM - NO FEE

City records indicate that a building located on the block and lot shown below is subject to San Francisco Existing Building Code Chapter 5E: Mandatory Earthquake Retrofit of Wood-Frame Buildings. The building owner or the owner’s authorized agent shall complete and submit this Screening Form (SFEBEC Section 504E.2). Sections 3 through 5.1 of this form, if needed, are to be completed by a California licensed architect or civil or structural engineer. Submittal of this Screening Form is required even if the building has completed voluntary seismic strengthening or if the building in its current condition is believed to satisfy the retrofit requirements of SFEBEC Section 506E (see Section 2).

A separate document, **Screening Form Instructions**, provides explanation and instructions for this Screening Form.

**Submit the completed Screening Form either:**

- As a pdf attachment to [softstory@sfgov.org](mailto:softstory@sfgov.org), with “Screening Form submittal” in the subject line, or
- As a hardcopy by U.S. mail to Wood-Frame Seismic Retrofit Program, Technical Services Division, 49 South Van Ness Avenue, Suite 500 – San Francisco, CA 94103

**BLOCK / LOT NUMBER** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**OWNER** \_\_\_\_\_

### SECTION 1 – ADMINISTRATIVE INFORMATION

\_\_\_\_\_  
Owner telephone

\_\_\_\_\_  
Owner email

\_\_\_\_\_  
Owner mailing address

\_\_\_\_\_  
Authorized agent (optional)

\_\_\_\_\_  
Agent telephone

\_\_\_\_\_  
Agent email

\_\_\_\_\_  
Agent mailing address

**CONDOMINIUM OWNERS:** Please submit one Screening Form and one set of contact information for each building. Please list all lot numbers comprising the building here:

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

	<u>Yes</u>	<u>No</u>
Does this Screening Form replace or supplement a previously submitted Screening Form for the same building?	<input type="checkbox"/>	<input type="checkbox"/>

**Technical Services Division**  
**49 South Van Ness Avenue, Suite 500 – San Francisco CA 94103**  
**Phone (628) 652-3720 – [www.sfdbi.org](http://www.sfdbi.org)**  
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BLOCK / LOT NUMBER \_\_\_\_\_

**SECTION 2 – VOLUNTARY STRUCTURAL WORK EXEMPTION**

*If the answer to question one (1) is yes, Screening Form Sections 3, 4, and Section 5.1 need not be completed. Section 5.2 must be completed in all cases.*

- |  | <u>Yes</u>               | <u>No</u>                |
|--|--------------------------|--------------------------|
| 1. Has voluntary seismic strengthening been completed under Administrative Bulletin AB-094, Definition and Design Criteria for Voluntary Seismic Upgrade of Soft Story, Type-V (wood frame) Buildings?   | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, AB-094 Permit Application Number: _____  |                          |                          |
| 2. In addition to the exemption for AB-094 retrofits, this program (SFEBEC Section 502E) also exempts certain retrofits completed within the last 15 years. To qualify for that exemption, complete and submit this Screening Form as well as the separate <b>Optional Evaluation Form</b> . |                          |                          |

**SECTION 3 – SCOPE VERIFICATION**

- |   | <u>Yes</u>               | <u>No</u>                |
|---|--------------------------|--------------------------|
| 1. Was the building originally constructed before January 1, 1978, or was a permit for construction applied for before January 1, 1978?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is the building three or more stories, or two stories over a basement or underfloor area that extends above grade?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does the building contain five or more dwelling units?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is the building of Type V (wood-frame) construction? <i>(This question applies only to Target Stories. Use the Type V Worksheet in the Screening Form Instructions to answer this question.)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| If No, indicate also which of these conditions is true:   |                          |                          |
| <input type="checkbox"/> The building has no Target Stories.  |                          |                          |
| <input type="checkbox"/> The building has one or more Target Stories but they are not wood-frame.   |                          |                          |

**CONCLUSION:** Is the response to ALL FOUR of the preceding questions Yes?

**If Yes:** The building is subject to SFEBEC Chapter 5E. Complete and submit this Screening Form.

**If No:** The building is exempt from SFEBEC Chapter 5E. Complete and submit this Screening Form, but skip Section 4. The Department will confirm the exemption in writing.

Note: Even if the building is subject to SFEBEC Chapter 5E, it might not require retrofit. An owner may show that retrofit is not required by submitting a separate Optional Evaluation Form with supporting documents. The **Optional Evaluation Form** is available at [www.sfdbi.org/softstory](http://www.sfdbi.org/softstory).

**SECTION 4 – ASSIGNMENT OF COMPLIANCE TIER**

*Indicate the compliance tier. Use the Compliance Tier Worksheet in the Screening Form Instructions to find the compliance tier.*

Tier I     Tier II     Tier III     Tier IV

BLOCK / LOT NUMBER \_\_\_\_\_

**SECTION 5 – DESIGN PROFESSIONAL & OWNER AFFIDAVIT**

*Please see instructions.*

**5.1 DESIGN PROFESSIONAL**

Under penalty of perjury, I certify that the information provided in Sections 3 and 4 of this Screening Form is based on my personal review of the building and its records, or review by others acting under my direct supervision, and is correct to the best of my knowledge.

\_\_\_\_\_  
Date stamped and signed

\_\_\_\_\_  
Firm name

\_\_\_\_\_  
Design Professional telephone

\_\_\_\_\_  
Design Professional email

[Professional Stamp Here]

**5.2 OWNER/ AGENT**

Under penalty of perjury, I certify that the information provided in Sections 1 and 2 of this Screening Form is correct to the best of my knowledge.

Owner

Agent

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FOR DBI USE ONLY**

Form appears incomplete / more information needed regarding:

- SECTION 2: AB-094 Retrofit  Building is subject to the ordinance.
- SECTION 3: Scope Verification  The form appears complete and is assumed correct based on design professional and owner / agent statements.
- Wood-Frame
- Pre-1978
- Stories
- Units
- SECTION 4: Compliance Tier  DBI Reviewer: \_\_\_\_\_
- SECTION 5: Professional and Owner / Agent Statements  Date: \_\_\_\_\_