

ATTACHMENT A**Facade Inspection Report Cover Sheet**

1. Building Address _____
2. Building Block and Lot _____
3. Report Submittal Date _____
4. Check one of the following summarizing the condition of the facade.
 - Requires Repair/Stabilization following Temporary Mitigation of Unsafe Conditions**
 - Requires Repair/Stabilization**
 - Ordinary Maintenance**
5. Owner Name _____
6. Owner Address _____
7. Contact person or other agent of owner _____
8. Contact phone and email _____
9. Description of Building and Exterior Walls
 - a. Construction Type _____
 - b. Number of stories _____
 - c. Year originally constructed _____
10. Have you reviewed previous façade inspection reports or other reports on file for this building?
 - Yes Dates of prior reports _____
 - None Available
11. Reinspection recommended to be done no later than _____

Attach to this report documents describing the nature and extent of inspections, repairs, maintenance or corrective actions taken during this reporting period, and actions recommended to be performed before the next reporting period deadline. Provide details or reference to permits or Emergency Orders issued for repair, maintenance or mitigation of Unsafe Conditions during this reporting period. Refer to AB-110 for additional reporting requirements.

Licensed Professional:

Name: _____
 Firm: _____
 Address: _____
 Phone: _____
 Fax: _____
Date: _____

Signature and Seal of Professional: _____

License expires _____