

ATTACHMENT B

COMPLIANCE AFFIDAVIT
CHAPTER 4E OF THE SAN FRANCISCO EXISTING BUILDING CODE
BUILDING FACADE INSPECTION AND MAINTENANCE – RETROACTIVE PROVISIONS

Building Address: _____
Assessors Block/Lot: _____

Property Owner Information:

Name of Property Owner or Owner’s Authorized Representative: _____
Mailing Address for building contact: _____
Contact phone # and/or email: _____

Building Tier: (select one)

- Tier 1: Building was constructed prior to 1910
- Tier 2: Building was constructed from 1910 to 1925
- Tier 3: Building was constructed from 1926 to 1970
- Tier 4: Building was constructed after 1970

Date of the façade inspection: _____

Recommended re-inspected by the date of: _____

Licensed Professional Information: (select type of professional & complete)

Name of Licensed Professional that inspected the building facade: _____
Mailing Address of Licensed Professional: _____
Phone # and/or email of Licensed Professional: _____
License #: _____
Type of professional:
 Architect
 Civil Engineer
 Structural Engineer

Condition of the facade: (select one)

- Requires Repair / Stabilization following Temporary Mitigation of Unsafe Conditions
- Requires Repair / Stabilization
- Ordinary Maintenance

As owner or owner’s authorized representative of the above-referenced building, I hereby certify that I have submitted the Facade Inspection Report to DBI. I acknowledge the condition of the facade and will follow the recommendations in the report for stabilization and repair necessary to maintain the façade in a condition equivalent to its original as-built condition.

Print Name: Signature Date Signed

Please make a copy of this Affidavit for your records prior to submittal to the Department of Building Inspection. **Please submit a completed & signed affidavit and the Facade Inspection Report by mail or in-person to DBI’s Key Programs Counter, 49 South Van Ness Avenue, 2nd floor, San Francisco, CA 94103 or by email: dbi.facade@sfgov.org.**