

Application for Report of Residential Building Record

Property Address:		
Assessor's Parcel Number (if known):		
Owner of Property:	Telephone Number:	
Applicant Name: (if other than owner)	Telephone Number:	
Address:		
Completed report should be (please complete	one of the following):	
Picked-up at the Permit Center (Telephone Number)	:	
Faxed to (Fax Number):		
Moiled to (Address):		
• Fmail (Address):		
Important Information for Applicant		
A Report of Residential Building Records is required to be delivered to the buyer prior to the conclusion of a sale or transfer of a residential building (Ordinance No. 715).		
It is the responsibility of the seller to ensure that the dwe detectors at the time of sale (Ordinance No. 1388).	lling is equipped with a chimney spark arre	estor and smoke
Smoke detectors shall be mounted on the ceiling or wall (prooms, and on the ceiling or wall at a point centrally located sleeping purposes. Where sleeping rooms are on an upper ceiling directly above the stairway. Smoke detectors may be	d in the corridor or area giving access to the level, the smoke detector shall be placed at	rooms used for the center of the
I have read the above information:		_
	Signature of Applicant	Date
Application fee of \$90 is due at time of application (we do not bill escrow) Received by: Dated Rec'd:		
Print Applicant Name:		
Applicant's Signature:		
Call for CREDIT CARD PAYMENT – 925-960-4410		