City and County of San Francisco
Department of Building Inspection

Daniel Lurie, Mayor
David Kane, S.E., Interim Director

AFFIDAVIT OF OWNER

I hereby certify that _____ (**ONE NAME ONLY**) has my authorization
APPLICANT'S NAME - Make sure to indicate an individual's name, NOT a company name.

to obtain copies of plans of my building located at _____
PROPERTY ADDRESS

_____
PRINT PROPERTY OWNER'S NAME

_____
PROPERTY OWNER'S TELEPHONE NUMBER

X_____
PROPERTY OWNER **DATE**
Wet Signature Only - No Fax, Email, or Copies Accepted

NOTE: This authorization is valid for a one-time use, only for the above address, for this request, and valid for **30 days** from the date this document is signed and notarized. **Originals only, forms with whiteout are not accepted.**

IF THE OWNER IS **NOT AN INDIVIDUAL, PLEASE MAKE SURE TO ENTER THE COMPANY, CORPORATION, LLC, TRUST, ETC., NAME.** PLEASE INCLUDE A SIGNED OFFICIAL DOCUMENT (LETTERHEAD) EXPLAINING THE AUTHORITY OF THE PERSON SIGNING THIS AFFIDAVIT ON BEHALF OF THE ENTITY.

FOR **CONDOMINIUMS**, THE AFFIDAVIT MUST BE SIGNED BY THE **HOA.** IN ADDITION, PLEASE INCLUDE A SIGNED OFFICIAL DOCUMENT (LETTERHEAD) EXPLAINING THE AUTHORITY OF THE PERSON SIGNING THIS AFFIDAVIT ON BEHALF OF THE ENTITY OR OFFICIAL HOA MEETING MINUTES.

PROPERTY OWNER ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document, to which this certificate is attached and not the truthfulness, accuracy, or validity of that document.

State of California County of _____

On _____ before me, _____
(Notary Public or Officer Certifying Identity)

personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity (ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ **(Seal)**

RR # _____
OFFICE USE ONLY

Records Management Division
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