



APPLICATION FOR REPORT OF RESIDENTIAL BUILDING RECORD
HOUSING CODE, SECTION 351(a)

IT SHALL BE UNLAWFUL FOR THE OWNER OF SUCH RESIDENTIAL BUILDING TO SELL OR EXCHANGE SAME WITHOUT FIRST HAVING OBTAINED AND DELIVERED TO THE BUYER THE REPORT OF RESIDENTIAL BUILDING RECORD HEREIN PROVIDED FOR. A RESIDENTIAL BUILDING IS DEFINED AS A BUILDING OR PORTION THEREOF CONTAINING ONE OR MORE DWELLING UNITS BUT NOT INCLUDING HOTELS CONTAINING 30 OR MORE GUEST ROOMS, OR MOTELS

- A. The fee is **\$214.00** for each report requested. We accept cash, Visa & Master Card, check and/or money order (made payable to **City & County of San Francisco - Department of Building Inspection or CCSF-DBI**). **Payer's name must be printed on the check. Write the requested address on the check. There will be NO REFUND or CANCELLATION once request and payment have been received.**
- B. **EACH** residential building on a given **LOT** requires a separate application and payment.

PLEASE PRINT OR TYPE ALL INFORMATION BELOW. INCORRECT OR MISSING INFORMATION WILL DELAY PROCESS.

DATE: _____

**CUSTOMER HOURS: 7:30 a.m. – 4:00 p.m. (M, T, TH, F.)
9:00 a.m. – 4:00 p.m. Wednesdays**

1. BLOCK #: _____ LOT #: _____

2. ADDRESS(ES) OF BUILDING: _____

3. IS THIS A CORNER BUILDING? YES NO

4. OTHER ADDRESSES (if any): _____

5. IS THIS A CONDOMINIUM? YES, UNIT # _____ NO
IS THIS A CO-OP? YES, UNIT # _____ NO

NOTE: Each Residential Condo OR Co-op unit requires a separate request/payment/report. In some instances, additional information such as a recorded parcel map may be necessary prior to issuing a 3R Report. If this information is not provided within 10 business days of request by 3R staff, no report will be issued.

6. NUMBER OF RESIDENTIAL BUILDINGS (**NOT UNITS**) ON THE LOT: _____

7. LEGAL OWNER'S NAME: _____

LEGAL OWNER'S ADDRESS: _____

8. APPLICANT'S NAME: _____

APPLICANT'S ADDRESS: _____

APPLICANT'S TELEPHONE: _____

APPLICANT'S SIGNATURE: _____

(Required)

I understand that if there is NO residential unit, there will be no refund

- 9. I AM THE LEGAL OWNER OR
- I AM THE AUTHORIZED AGENT OF THE LEGAL OWNER OF THE PROPERTY LISTED ABOVE

10. **PLEASE CHECK ONE OPTION FOR DELIVERY:**

MAIL REPORT TO: NAME: _____
ADDRESS: _____

EMAIL TO: _____ **This will be your original 3R Report.**

I WILL PICK UP THE REPORT, PLEASE CALL ME AT (_____) _____ ext. _____

For Office Use Only:

Zone _____ Use Type _____ # of Units _____ Built _____ Energy _____ / _____

Records Management Division