

CITY OF SAN PABLO - RESIDENTIAL HEALTH AND SAFETY

13831 San Pablo Ave., Bldg. #3, San Pablo, CA 94806 Phone: 510-215-3037 Fax: 510-215-3014

Or Email your application to elizabethv@sanpabloca.gov Application #: _____

In 2007, the City Council adopted the updated Residential Health and Safety Ordinance. This Ordinance requires the owner of rental or 'for sale' property to remove or mitigate potential threats to health and safety of the occupants or future occupants. Provisions of applicable building codes and ordinances are used to determine health and safety compliance. Chapter 15.52 San Pablo Municipal Code.

Property Address:	SAN PABLO, CA 94806
Parcel No.:	Date:

PROPERTY OWNER

Name :	Email:	
Mailing Address:		
City:	State:	Zip Code:
Phone: (Home)	(Cell/Work)	
Tenant Name:	Phone:	

IF NEEDED, REPORT TO GO TO – (Agent/Property Manager)

Company:	Name:	
Mailing Address:		
City:	State:	Zip Code:
Phone:	Fax:	
E-mail address:		

Real Estate Agents; inspections are to be performed only with the knowledge and permission of the property owner. Please sign to signify that permission has been granted.

Signature of Real Estate Agent

Date

FEES DUES: *(Make checks payable to the "City of San Pablo") Please Note: Initial fees include one (1) initial inspection and one (1) final inspection. If additional inspections or permits are required, fees must be paid prior to scheduling or issuance.*

Condominium or Townhouse Rental () or Resale ()	\$391.00
Single Family Resale ()	\$391.00
Single Family Rental or Not Owner Occupied ()	\$391.00
Re-inspection ()	\$137.00
Multiple Family (more than 1 unit) Rental () or Resale ()	
Number of Buildings _____ X \$391.00	
Number of Unit (s) _____ X \$78.00	
DATE PAID	TOTAL AMOUNT DUE

As of July 2016

HOME OWNER-OCCUPIED DECLARATION UNDER PENALTY OF PERJURY
(Please complete this form **ONLY** if you occupy the property and you have **NO** intentions of selling it)

***Please include a copy of the most recent PG&E or phone bill
(in the name of owner/s on title) as proof of residence.***

Date: _____

To Whom It May Concern:

This is to certify that I, _____
(property owner listed on the deed)

the undersigned, do hereby declare under penalty of perjury, that I am the owner of record (the name listed on the deed) or one of the owners of record of the following real property located in San Pablo:

Street Address: _____, San Pablo, CA 94806

Home Phone: _____ Cell Phone: _____

Parcel No.: _____,

which is a single family residence. The property is occupied by:

(name(s) of persons living at the residence)

In the future, should said real property no longer be owner-occupied and/or owned by the undersigned, I will notify the City of San Pablo immediately. (Property owner must then comply with the City of San Pablo's Residential Health and Safety, Chapter 15.52 of the San Pablo Municipal Code.)

Signature: _____

For further information concerning the requirements of the Residential Health and Safety Ordinance, please contact us at (510) 215-3037.



CREDIT CARD PAYMENT FORM
City accepts MasterCard and Visa Only

Property Owner: _____

Site Address: _____

Phone Number: _____ **Contractor:** _____

Fees to Be Paid:

Building Permit _____

Electrical Permit _____

Mechanical Permit _____

Plumbing Permit _____

Public Works Permit _____

Business License Fee _____

Planning Fees _____

RH&S Fees: _____

Misc. Fees: _____

TOTAL FEES DUE: _____

CREDIT CARD INFORMATION:

Name on Card: _____ **Company Name:** _____

Type of Card: MasterCard _____ Visa _____

Card Number: _____ **Check Digit (3 numbers)** _____

Expiration Date: _____

Signature of Authorized Credit Card User: _____

Telephone Number: _____

Billing Address for Credit Card: _____