



CITY OF BERKELEY SEISMIC RETROFIT VERIFICATION AND REFUND APPLICATION

IMPORTANT NOTICE:

From the date of Recordation of the Transfer Document, the applicant shall have ONE YEAR to complete all Seismic Retrofit work and submit a Seismic Retrofit Verification and Refund Application to the Building & Safety Division of the Planning Department. If the work is not completed at the end of ONE YEAR, that portion which has been completed may be credited to the applicant upon submission of a Seismic Retrofit Verification and Refund Application and substantiating documentation, as required by the Building & Safety Division, showing the dollar amount of the work completed up to that date. All other monies remaining in Escrow will be returned to the City of Berkeley.

FORM MUST BE FILLED OUT COMPLETELY

| | | |
|---|-----------------------------|----------------------|
| Assessor's Parcel # _____ - _____ - _____ - _____ | | |
| Applicant Name _____ | Property Address _____ | |
| Mailing Address _____ | Phone # _____ | |
| Mailing City/St/Zip _____ | | |
| Title Company _____ | Title Company Address _____ | |
| Title Company Phone # _____ | Escrow # _____ | Date Recorded: _____ |

Property Use: Residential Mixed Use **If mixed use, # of dwelling units** _____
(application will be denied if Mixed Use with fewer than 2 dwelling units)

Was Seismic work performed prior to October 17, 1989? No Yes (application will be denied)

Application/ Permit #: _____ Application/Permit Issue Date: _____ Valuation of Seismic Work Listed on Application: \$ _____

Date of Final (approved) Seismic Inspection: _____

| Description and Cost of Seismic work: (check only those performed) | Amount |
|--|----------|
| <input type="checkbox"/> Replacement/Repair of foundation | \$ _____ |
| <input type="checkbox"/> Replacement/Repair of rotted mudsills | \$ _____ |
| <input type="checkbox"/> Bracing of basement of pony walls | \$ _____ |
| <input type="checkbox"/> Bolting of mudsills or standard foundations | \$ _____ |
| <input type="checkbox"/> Installation of shear walls | \$ _____ |
| <input type="checkbox"/> Anchoring of water heaters | \$ _____ |
| <input type="checkbox"/> Securing chimneys | \$ _____ |
| <input type="checkbox"/> Securing stacks or water heaters | \$ _____ |
| <input type="checkbox"/> Other _____ | \$ _____ |
| Total Verified Amount: \$ _____ | |

Applicant Signature _____ Date _____

| FOR OFFICE USE ONLY | |
|--|---|
| Revenue Collection <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Building & Safety <input type="checkbox"/> Approved <input type="checkbox"/> Denied |
| Comment _____ | Comment _____ |
| Approved By: _____ | Building Inspector: _____ |
| Date: _____ | Date: _____ |