

## BUILDING AND SAFETY DIVISION 1685 MAIN STREET SANTA MONICA, CA 90401 310-458-8355

## APPLICATION FOR REPORT OF RESIDENTIAL BUILDING RECORDS

Date:			
RBR Nu	ımber:		

The Owner shall complete this application and return a filing fee to the City of Santa Monica.

OR YOU CAN NOW APPLY ONLINE @ epermit.smgov.net/citizenaccess
For current fees please see http://finance.smgov.net/fees-taxes/fees-rates.

All Residential Building Records Reports will be emailed unless requested otherwise.

Please include an email address in space provided below.

Target turnaround time is 7 business days after date of receipt in our office								
Property A	ddress:			Unit #:				
				Phone No.				
Property Owner	Name:		Unit Number	Zip Code				
	Address:			Phone No.				
Buyer	Name:		Unit Number	Zip Code				
	Address:  Applicant Name:			Phone No.				
Escrow Company	Company Name:			Fax No.				
	Address:		City	State	Zip Code			
Contact Person	Name:			Phone No.	•			
	Unit Numb		Unit Number	Zip Code				
	Email Address:							
	Parcel Number:							
Legal Desc	ription of Property: (Attach additional information as requ	ired.)						
Number of	Buildings on Property:	Use of Existing Building(s):						
Number of	Dwelling units on Property:	1						
Miscellane	ous:							