

# 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 [RHS@sanpabloca.gov](mailto:RHS@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.

<b>Property Address:</b>	<b>SAN PABLO, CA 94806</b>
<b>Parcel No.:</b>	<b>Date:</b>

## PROPERTY OWNER

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

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

<b>Company:</b>	<b>Name:</b>	
<b>Mailing Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Phone:</b>	<b>Fax:</b>	
<b>E-mail address:</b>		

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) investigation w/report, one (1) initial inspection and one (1) re-inspection.** If additional inspections or permits are required, fees must be paid prior to scheduling or issuance.*

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

Updated:  
9/5/2018

**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:** \_\_\_\_\_

13831 San Pablo Avenue, Building 3 • San Pablo, CA 94806  
Main: 510-215-3030 • Fax: 510-215-3014  
[www.sanpabloca.gov](http://www.sanpabloca.gov)

Last Updated: 9/5/2018