

**CITY OF SAN PABLO**

**Residential Health and Safety**

**One Alvarado Square, San Pablo, CA 94806**

**(510) 215-3061**

Application No.: \_\_\_\_\_

Please complete the following information: (print clearly)

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

**PROPERTY OWNER**

<b>Name :</b>	<b>Social Security#:</b>	
<b>Mailing Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Phone: (Home)</b>	<b>(Work)</b>	

<b>Tenant Name:</b>	<b>Phone:</b>
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**REPORT TO GO TO**

<b>Company:</b>	<b>Name:</b>	
<b>Mailing Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Phone:</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")

RHSRE		Condominium or Townhouse Rental( ) Resale( )	<b>\$125.00</b>
RHSRE		Single Family Resale	<b>\$175.00</b>
RHSSF		Single Family Rental or Not Owner Occupied	<b>\$175.00</b>
RHSMU		Multiple Family Rental ( ) Resale ( )	
		Number of Buildings _____ X <b>\$175.00</b>	
		Number of Unit (s) _____ X <b>\$25.00</b>	
<b>TOTAL AMOUNT DUE</b>			

Date Paid : \_\_\_\_\_

Receipt #: \_\_\_\_\_

**DECLARATION UNDER PENALTY OF PERJURY**

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: \_\_\_\_\_ Work 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.)

For further information concerning the requirements of the Residential Health and Safety Ordinance, please contact us at (510) 215-3061.

***Please include a copy of the most recent PG&E  
and telephone bill as proof of residence.***