



**COMPLIANCE AFFIDAVIT**  
**SECTION 604 OF THE SAN FRANCISCO HOUSING CODE**  
**(Requirements are described in the Notice on the reverse side)**

**Building Location:**

Building Address:  
Assessors Block/Lot:

**Building Type** :( select one)

- Apartment House
- Hotel
- Residential Condo Building (Apartment House with 3 or more dwellings - building appendage in common areas)
- Individual Residential Condo (Individual Dwelling Unit with building appendages in private area)

**Property Owner Information** :( select one & complete)

Name of Property Owner: \_\_\_\_\_  
 Name of Residential Condominium Association Representative: \_\_\_\_\_  
Mailing Address for building contact (owner or condo association): \_\_\_\_\_  
Phone # of Contact Person: \_\_\_\_\_

**Licensed Professional Information** :( select type of professional & complete)

Name of Licensed Professional that reviewed building: \_\_\_\_\_  
Mailing Address of Licensed Professional: \_\_\_\_\_  
Phone # of Licensed Professional: \_\_\_\_\_  
License #: \_\_\_\_\_

- Type of professional:     General Contractor
- Architect
  - Civil Engineer
  - Structural Engineer
  - Structural Pest Control Inspector

**Affidavit Verification:** (select one, if first square selected verification is not necessary).

- Exterior building appendages (see reverse for description) do not exist at the subject building.
- Exterior building appendages do exist at the subject building.(Complete verification below)

I, \_\_\_\_\_, hereby verify to the best of my knowledge that at the time of my inspection on \_\_\_\_\_, all wood and metal decks, balconies, landings, exit corridors, stairway systems, guardrails, handrails, fire escapes, or any parts thereof in weather-exposed areas, (that exist at the subject building identified above) are in general safe condition, adequate working order, and free from deterioration, decay, or improper alteration that could cause a safety hazard.

\_\_\_\_\_  
Signature of Licensed Professional indicated above

\_\_\_\_\_  
Date Signed

Please make a copy of this Affidavit for your records prior to submittal to the Department of Building Inspection. If you have any questions, please contact the Housing Inspection Services Division at (415) 558-6220. **Please submit completed & signed affidavit to the Department of Building Inspection addressed as follows:**

San Francisco Department of Building Inspection  
Housing Inspection Services  
Attn: Section 604 H.C. Affidavit Filing  
1660 Mission Street, 6<sup>th</sup> Floor  
San Francisco, CA 94103-2414

**Housing Inspection Division**  
1660 Mission Street– San Francisco CA 94103  
Office (415) 558-6220 – FAX (415) 558-6249 – [www.sfgov.org/dbi](http://www.sfgov.org/dbi)