



TOWN OF
SAN ANSELMO
EST. 1907

Report No.: _____ Date: _____

Receipt No.: _____ Fee: _____

Budget Account #01.00.48054

REPORT OF RESIDENTIAL BUILDING RECORDS (RESALE REPORT)

This report is intended to identify the regularly authorized and legal use, occupancy, and zoning classifications of the property and all other pertinent information relating thereto. One copy of this report will be provided to the Applicant only. The Resale Reports require time for the Town to research your records, zoning and past issues. Please schedule the resale inspection with at least two weeks before closing, so the sale is not impacted.

TO BE COMPLETED BY APPLICANT

PROPERTY ADDRESS: _____

APPLICANT: _____

BUSINESS ADDRESS: _____

PHONE: _____ CELL: _____

EMAIL: _____

PROPERTY INFORMATION

Number of Structures on the Property (including sheds greater than 120 sqft): _____

Is there a second living unit on the property? Yes No

PARKING (each space minimum 9' x 19')

Number of Garage Parking Spaces: _____ Number of Carport/Deck Spaces: _____

Number of Open Driveway Spaces: _____ (Surface Material: _____)

(Town Ordinance requires all areas used for parking to be paved with either asphalt or concrete)

Note: Ross Valley Sanitary District requires that the seller or buyer must pass a pressure test upon point of sale.

I am the owner, or legal agent of the legal owner, of the property listed above. I understand that prior to consummation of sale or exchange of this property, the law requires the seller to obtain a Report of Residential Building Records and deliver this report to the buyer. Prior to closing or transfer, the owner shall obtain from the buyer a written acknowledgment of receipt of the Report of Residential Records. (Municipal Code Title 10, Chapter 5, Ordinance 590; California Government Code Section 38780)

I understand and certify that the following health and safety precautions must be taken, due to COVID-19. The property must be vacant one day prior to the date of inspection. At the time of inspection, windows must be open, ventilation turned off, and only one contractor/agent/owner present at the property, who must be wearing a mask. I understand that failure to comply with required safety measures may result in rescheduling of the inspection, penalty fine, or both.

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SIGNATURE OF APPLICANT: _____ DATE: _____

TO BE COMPLETED BY TOWN

SCHEDULED DATE OF PHYSICAL INSPECTION OF PROPERTY: _____