



TOWN OF
SAN ANSELMO
BUILDING DEPARTMENT

REPORT OF RESIDENTIAL BUILDING RECORDS (RESALE REPORT)

Report No.: _____ Date: _____

Receipt No.: _____ Fee: _____

Budget Account #01.00.48054

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. Resale Reports require time for the town to research property records, zoning, and past issues. Please schedule the resale inspection with at least two weeks before closing, so the sale is not impacted. **Please ensure that form is complete and signed, then email to permits@townofsananselmo.org for payment and scheduling.**

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 (ADU or JDU) on the property? Yes No

Number of bedrooms: _____ Number of bathrooms: _____

PARKING (each space minimum 9' x 19')

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

Number of Open Driveway Spaces: _____ Driveway Material: _____

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)

SIGNATURE OF APPLICANT: _____ DATE: _____

I am the owner or tenant of the property listed above. I give my permission to the Town of San Anselmo to enter and inspect the property.

SIGNATURE OF RESIDENT: _____ DATE: _____

TO BE COMPLETED BY TOWN:

SCHEDULED DATE OF PHYSICAL INSPECTION OF PROPERTY: _____