

APPLICATION FOR REPORT OF RESIDENTIAL BUILDING RECORDS

City of Hermosa Beach

Mail or Deliver to: 1315 Valley Drive, Hermosa Beach, California 90254
Community Development Department

Processing Time May Take up to FOUR WEEKS

PLEASE PRINT AND FILL OUT COMPLETELY
INCOMPLETE OR ILLEGIBLE APPLICATIONS WILL NOT BE PROCESSED

CHECK ONE: SINGLE FAMILY [] DUPLEX [] CONDO [] APARTMENT BUILDING [] NO. OF UNITS: _____

ADDRESS: _____ ZONE: _____

ASSESSOR'S PARCEL NO.: _____ LOT SIZE: _____

OWNER: _____ BEDROOMS: _____

DATE: _____ BATHROOMS: _____

LEGAL DESCRIPTION: LOT _____ BLOCK _____ KITCHENS: _____

TRACT _____ WETBAR: _____

PARKING SPACES: ENCLOSED _____ OPEN _____ AGE: _____

I DECLARE UNDER PENALTY OF PERJURY THAT I HAVE PERSONALLY INSPECTED THE ABOVE PREMISES AND THAT THE NUMBER OF INDIVIDUAL DWELLING UNITS LOCATED THEREON IS _____ UNITS.

(SIGNATURE OF LISTING AGENT, ADDRESS AND BROKERAGE)

(SIGNATURE OF OWNER (IF NO LISTING AGENT))

CITY OF HERMOSA BEACH BUSINESS LICENSE #: _____ (MUST BE INCLUDED)

IT IS MANDATORY FOR REAL ESTATE BROKERS TO HAVE A BUSINESS LICENSE WITH THE CITY OF HERMOSA BEACH.

PERMISSION TO ENTER (OPTIONAL)

For the purpose of verifying the above statement, I, owner of the above property, hereby authorize and request the city to enter on and inspect the above premises, and further state that all statements are true and correct to the best of my knowledge.

Signature of Owner

NOTE: A Report of Residential Building Records is required to be delivered to the buyer prior to the conclusion of a sale or transfer of a residential building. (Ordinance No. N.S. 370, Effective February 5, 1970).

REPORT TO BE (CHECK ONLY ONE):

EMAILED _____ PICKED UP _____ MAILED (Only When Self Addressed Envelope Is Provided) _____

NAME: _____

EMAIL / MAILING ADDRESS: _____

TELEPHONE NUMBER: _____

FEE RECEIVED: _____ BY _____ DATE _____ RECEIPT NO. _____



City of Hermosa Beach

Civic Center, 1315 Valley Drive, Hermosa Beach, California 90254-3884

AUTHORIZATION FOR CREDIT CARD CHARGE

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

DAYTIME TELEPHONE NUMBER: _____

MASTERCARD

VISA CARD

AMERICAN EXPRESS

CREDIT CARD #: _____

CARD EXPIRATION DATE: _____

3 OR 4 DIGIT CVC#: _____

<u>DESCRIPTION OF SERVICE</u>	<u>FEE</u>
There is a 2.75% processing fee for all credit card transactions	

I authorize the City of Hermosa Beach to charge these services to the credit card listed above:

CARDHOLDER SIGNATURE

DATE

[CLICK TO SUBMIT APPLICATION](#)

Or mail to:

**City of Hermosa Beach
Community Development Department
1315 Valley Drive
Hermosa Beach, CA 90254
Phone (310) 318-0235**

Or email to:

Communitydevelopment@hermosabeach.gov