



2017 PROPERTY OWNER'S STATEMENT ON NEW CONSTRUCTION
2017 PAHAYAG NG PROPERTY OWNER UKOL SA BAGONG KONSTRUKSYON

This form must be completed in English (Kinakailangang kumpletuhin sa "English" ang form na ito)

Name
 C/O
 Mailing Address
 City, State, Zip

DATE:

- Check this box if work has not started as of **January 1, 2017**, in which case you will only need to complete Sections 1 and 3 of this statement./ Lagyan ng check kung walang konstruksyon sa petsang **Enero 1, 2017**, nang sa ganoon ay inyo lamang kumpletuhin ang Sections 1 at 3 nitong pahayag.

Please complete this statement to the best of your knowledge./ Maaring kumpletuhin ang pahayag sa abot ng inyong kaalaman.																							
SECTION 1. PLEASE COMPLETE THIS ENTIRE SECTION/ KUMPLETUHIN ANG BUONG SECTION.																							
ASSESSOR'S PARCEL NUMBER																							
PROPERTY ADDRESS (if different from mailing address) KINARORONAN NG PROPERTY (kung iba sa inyong mailing address)																							
JOB DESCRIPTION KLASE NG TRABAHO O KONSTRUKSYON																							
OWNER'S NAME (check box if you are the owner & builder) PANGALAN NG MAY-ARI (check box if you are the owner & builder) <input type="checkbox"/>	CONTRACTOR	TELEPHONE																					
APPLICATION NO.	DATE	CONTRACTOR'S ADDRESS																					
COMPLETION DATE (provide an estimate if not yet completed) PETSA NG PAGTATAPOS (estimahin kung hindi pa tapos)																							
PERCENT COMPLETED AS OF JANUARY 1, 2017 PORSYENTONG NATAPOS NA SA PETSANG ENERO 1, 2017	TOTAL COST OF PROJECT TOTAL NA HALAGA NG PROYEKTO	AMOUNT EXPENDED AS OF JANUARY 1, 2017 HALAGANG NAGASTA NA SA PETSANG ENERO 1, 2017																					
SECTION 2. PLEASE CHECK APPROPRIATE BOXES/ LAGYAN NG CHECK ANG KAUKULANG BOXES.																							
<p>1. STRUCTURAL CHANGES/ STRUCTURAL NA PAGBABAGO</p> <p><input type="checkbox"/> NEW STRUCTURE <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR <input type="checkbox"/> OTHER – please explain on reverse side</p> <p>Total SQ. FT. on new structure or addition (See item No. 7 for area computations) (Tignan ang item No. 7 para sa area computations) ____ sq. ft.</p>	<p>2. HEATING/AIR CONDITIONING (N=New Unit, R=Replacement Unit)</p> <table> <tr> <td>N</td> <td>R</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>CENTRAL AIR CONDITIONING</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>THRU-WALL AIR CONDITIONING</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>FORCED AIR FURNACE</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>FLOOR OR GRAVITY FURNACE</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>WALL HEATER</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>OTHER</td> </tr> </table> <p>_____</p>		N	R		<input type="checkbox"/>	<input type="checkbox"/>	CENTRAL AIR CONDITIONING	<input type="checkbox"/>	<input type="checkbox"/>	THRU-WALL AIR CONDITIONING	<input type="checkbox"/>	<input type="checkbox"/>	FORCED AIR FURNACE	<input type="checkbox"/>	<input type="checkbox"/>	FLOOR OR GRAVITY FURNACE	<input type="checkbox"/>	<input type="checkbox"/>	WALL HEATER	<input type="checkbox"/>	<input type="checkbox"/>	OTHER
N	R																						
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<input type="checkbox"/>	<input type="checkbox"/>	WALL HEATER																					
<input type="checkbox"/>	<input type="checkbox"/>	OTHER																					

3. PLUMBING ITEMS
(N=New Unit, R=Replacement Unit)

N	R		Number
<input type="checkbox"/>	<input type="checkbox"/>	TOILET	_____
<input type="checkbox"/>	<input type="checkbox"/>	BATH TUB	_____
<input type="checkbox"/>	<input type="checkbox"/>	STALL SHOWER	_____
<input type="checkbox"/>	<input type="checkbox"/>	SINK	_____
<input type="checkbox"/>	<input type="checkbox"/>	DISHWASHER	_____
<input type="checkbox"/>	<input type="checkbox"/>	WATER HEATER	_____
<input type="checkbox"/>	<input type="checkbox"/>	OTHER	_____

4. CABINETS, APPLICANCES, ELECTRICAL
(N=New Unit, R=Replacement Unit)

N	R	
<input type="checkbox"/>	<input type="checkbox"/>	RANGE
<input type="checkbox"/>	<input type="checkbox"/>	OVEN
<input type="checkbox"/>	<input type="checkbox"/>	CABINETS
<input type="checkbox"/>	<input type="checkbox"/>	OTHER BUILT-IN

5. PANGLABAS NA DETALYE

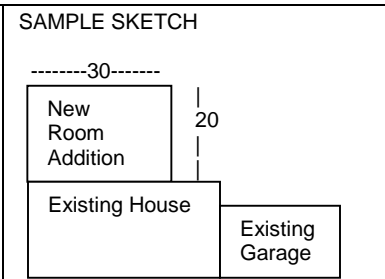
WALLS:	ROOF COVERING:
<input type="checkbox"/> STUCCO	<input type="checkbox"/> TAR & GRAVEL
<input type="checkbox"/> CONCRETE BLOCK	<input type="checkbox"/> COMPOSITION SHINGLE
<input type="checkbox"/> BRICK	<input type="checkbox"/> ASPHALT SHINGLE
<input type="checkbox"/> SIDING	<input type="checkbox"/> WOOD SHINGLE
<input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER
_____	_____

6. PANGLOOB NA DETALYE

FLOOR:	WALLS:
<input type="checkbox"/> CONCRETE	<input type="checkbox"/> DRYWALL
<input type="checkbox"/> HARDWOOD	<input type="checkbox"/> PANELING
<input type="checkbox"/> CARPET WALL TO WALL	<input type="checkbox"/> PLASTER
<input type="checkbox"/> TILE	<input type="checkbox"/> OTHER
<input type="checkbox"/> OTHER	_____

7. **DIAGRAM OF NEW CONSTRUCTION (see sample sketch)**
DIAGRAM NG BAGONG KONSTRUKSYON (tignan ang sample sketch)

Diagram the new construction and show its exterior dimensions and location in relation to other buildings on the lot. Please note that copies of your plans are not always provided to this office by other agencies./ I-diagram ang bagong konstruksyon at ipakita ang panglabas na sukat at lokasyon in relation sa ibang gusali sa lote. Hindi lahat ng kopya ng inyong building plans ay isinusumite sa aming tanggapan.



AREA COMPUTATION OF NEW CONSTRUCTION
30 x 20 = 600

AREA COMPUTATION OF NEW CONSTRUCTION:

_____ X _____ = _____

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_____ X _____ = _____

_____ X _____ = _____

TOTAL SQ. FT.: = _____

ROOM COUNT:
If addition or remodel, indicate main residence's total number of rooms **after** completion:
Kung addition o remodel, ihayag ang main residence's total number of rooms **pagkatapos makumpleto**:

of rooms

Living Room _____

Kitchen _____

Dining Room _____

Family/Den _____

Bedrooms _____

Bathrooms _____

Other _____

SECTION 3. PLEASE SIGN AND RETURN COMPLETED STATEMENT/ PIRMAHAN AT IBALIK ANG NAKUMPLETONG PAHAYAG

The Assessor-Recorder's Office may audit this statement for completeness and accuracy and may contact you for additional information as required. / Ang Assessor-Recorder's Office ay pwedeng mag audit para masiguradong kumpleto at tama ang pahayag na ito at maaari kayong kontakin para sa karagdagang impormasyon ayon sa batas.

I certify that the foregoing is true, correct, and complete to the best of my knowledge. / Pinapatunayan ko na ang naipahayag ay totoo, wasto, at kumpleto sa abot ng aking kaalaman.

Signature of Owner or Agent
Pirma ng May-ari o Ahente

Telephone No.

E-mail Address:

Date
Petsa

Please complete this statement and return to the Office of the Assessor-Recorder in the enclosed envelope by January 10, 2017. If you have any questions or need assistance, please visit our website at www.sfassessor.org or call San Francisco 311 by dialing 3-1-1 (within SF only) or (415) 701-2311 (outside SF).

Maaring kumpletuhin at ibalik sa Office of the Assessor-Recorder sa nakalaki na envelope bago mag petsang Enero 1, 2017. Kung kayo ay mayroon pang karagdagang tanong, bisitahin lamang ang aming website www.sfassessor.org o tumawag sa San Francisco 311 at mag dial ng 3-1-1 (loob ng SF) o (415) 701-2311 (labas ng SF).

***In the event of any inconsistency between English version and the translated version, the English version shall prevail, to the extent of such inconsistency or conflict./ Sa kaganapan ng anumang pagkakasalungatan sa pagitan ng Ingles na bersyon at ang mga isinalin na bersyon, ang Ingles na bersyon ay mangingibabaw, sa lawak ng naturang hindi pagkakatugma o salungatan*