

Residential Construction Project Information Form

Instructions: Help us correctly assess your construction project by completing and returning this form to our office by **January 18th, 2021**. Scan and email it to rp.assessor@sfgov.org, mail it using the enclosed envelope, or drop it off at our office in City Hall Room 190 (1st floor). Please fill out this form in its entirety; a returned form that is blank or incomplete will not be considered a response.

Your property information	Property Owner's Name: Jane Doe Revocable Trust Property Address: 123 Main Street	Assessor Parcel Number: 1234 568
----------------------------------	--	--

* See back page for permit information

1) What is the status of your project?

A) Progress of project as of January 1st

What is the status of your project? Mark one of the four options below:

- Work not started.**
 Work complete. Date of Completion: 12 / 4 / 2019
 Work in progress. Circle % complete: 10% 25% 50% 75% 90% Other: _____%
 I will not be doing this work at all. To cancel your project, you must cancel your permit with DBI. See FAQs for details.

B) Amount Spent as of Jan. 1 How much did you spend on the project as of Jan. 1, 2021? \$15,000	C) Total Project Cost How much do you anticipate spending in total on the project? \$15,000	D) Start Date When did construction start, or when do you expect to start? 08/20/2019	E) Completion Date When do you expect the project to finish? COMPLETE
--	--	--	--

2) Tell us more about your project

A) Type of work being done. Mark all that apply.

- | | | |
|---|--|--|
| <input type="checkbox"/> Addition. Square footage is added to existing building (e.g. adding a new bedroom to house). Sq. ft added: _____ | <input type="checkbox"/> New building. Constructing a new building (e.g. building a new house on a vacant lot). | <input type="checkbox"/> Conversion or legalization. Converting existing space to new use (e.g. converting garage to living space). |
| <input type="checkbox"/> Remodel. Renovating existing space (e.g. upgrading kitchen or bathroom). | <input checked="" type="checkbox"/> Maintenance or repairs. Updating existing property elements (e.g. roof). | <input type="checkbox"/> Other. The type of construction is not described in the options above. |

- B) Major changes to your property.** Mark all that apply. I am changing the interior configuration of any rooms (e.g. moving dishwasher or stove). I am moving or adding walls, windows, or doorways.

C) Characteristics of your property. How many of each room will you have at the end of this construction project?

Living Rooms: 1 Kitchens: 1 Dining Rooms: 1 Bathrooms: 1 Family Rooms/Dens: 0 Bedrooms: 2 Other Rooms: 0 Total: 5

D) Describe your project and provide a diagram on a separate sheet. If more room is required for the project description, include it with the diagram.

REPAIR DECK TO FIX DRY ROT

3) How can we contact you?

A) Owner/agent contact information	Owner Email JANE.DOE@EMAIL.COM	Owner Phone (415) 123-4567
B) Are you working with a contractor? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Contractor Contact/Name JANE CONTRACTOR	Contractor Company CONTRACTOR , LLC
	Contractor Email CONTRACTOR@EMAIL.COM	Contractor Phone (415) 234-5678

I certify that the foregoing is true, correct, and complete to the best of my knowledge. The Assessor-Recorder's Office may audit this statement for completeness and accuracy and contact you for more information as required.

Jane Doe
01/10/2021

Owner/Agent Signature Date



1/1/2021

PERMIT #: 201900000000 – DECK REPAIR

SAMPLE

Residential Construction Project Information Form

Instructions: Help us correctly assess your construction project by completing and returning this form to our office by **January 18th, 2021**. Scan and email it to rp.assessor@sfgov.org, mail it using the enclosed envelope, or drop it off at our office in City Hall Room 190 (1st floor). Please fill out this form in its entirety; a returned form that is blank or incomplete will not be considered a response.

Your property information	Property Owner's Name: John Doe Property Address: 987 Park Ave	Assessor Parcel Number: 1234 567
----------------------------------	---	--

* See back page for permit information

1) What is the status of your project?

A) Progress of project as of January 1st

What is the status of your project? Mark one of the four options below:

- Work not started.**
 Work complete. Date of Completion: ____/____/____
 Work in progress. Circle % complete: 10% 25% **50%** 75% 90% Other: ____%
 I will not be doing this work at all. To cancel your project, you must cancel your permit with DBI. See FAQs for details.

B) Amount Spent as of Jan. 1 How much did you spend on the project as of Jan. 1, 2021? \$40,000	C) Total Project Cost How much do you anticipate spending in total on the project? \$80,000	D) Start Date When did construction start, or when do you expect to start? August 1, 2019	E) Completion Date When do you expect the project to finish? June 18, 2021
--	--	--	---

2) Tell us more about your project

A) Type of work being done. Mark all that apply.

- | | | |
|--|--|---|
| <input type="checkbox"/> Addition. Square footage is added to existing building (e.g. adding a new bedroom to house). Sq. ft added: ____ | <input type="checkbox"/> New building. Constructing a new building (e.g. building a new house on a vacant lot). | <input checked="" type="checkbox"/> Conversion or legalization. Converting existing space to new use (e.g. converting garage to living space). |
| <input type="checkbox"/> Remodel. Renovating existing space (e.g. upgrading kitchen or bathroom). | <input type="checkbox"/> Maintenance or repairs. Updating existing property elements (e.g. roof). | <input type="checkbox"/> Other. The type of construction is not described in the options above. |

- B) Major changes to your property.** Mark all that apply. I am changing the interior configuration of any rooms (e.g. moving dishwasher or stove). I am moving or adding walls, windows, or doorways.

C) Characteristics of your property. How many of each room will you have at the end of this construction project?
 Living Rooms: 1 Kitchens: 1 Dining Rooms: 1 Bathrooms: 3 Family Rooms/Dens: 1 Bedrooms: 4 Other Rooms: 0 Total: 8

D) Describe your project and provide a diagram on a separate sheet. If more room is required for the project description, include it with the diagram.

**CONVERT BASEMENT TO 1 FAMILY ROOM,
2 BEDROOMS, AND 1 FULL BATHROOM**

3) How can we contact you?

A) Owner/agent contact information	Owner Email JOHN.DOE@EMAIL.COM Contractor Contact/Name	Owner Phone (415) 123-4567 Contractor Company
B) Are you working with a contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Contractor Email	Contractor Phone

I certify that the foregoing is true, correct, and complete to the best of my knowledge. The Assessor-Recorder's Office may audit this statement for completeness and accuracy and contact you for more information as required.

John Doe

1/08/2021

Owner/Agent Signature

Date



1/1/2021

PERMIT #: 201800000000 – BASEMENT CONVERSION

SAMPLE

Residential Construction Project Information Form

Instructions: Help us correctly assess your construction project by completing and returning this form to our office by **January 18th, 2021**. Scan and email it to rp.assessor@sfgov.org, mail it using the enclosed envelope, or drop it off at our office in City Hall Room 190 (1st floor). Please fill out this form in its entirety; a returned form that is blank or incomplete will not be considered a response.

Your property information	Property Owner's Name: Jane Doe	Assessor Parcel Number: 1234 567A
	Property Address: 9456 Broadway	

* See back page for permit information

1) What is the status of your project?

A) Progress of project as of January 1st

What is the status of your project? Mark one of the four options below:

- Work not started.** **Work complete.** Date of Completion: ____/____/____
- Work in progress.** Circle % complete: 10% 25% 50% 75% **90%** Other: ____%
- I will not be doing this work at all.** To cancel your project, you must cancel your permit with DBI. See FAQs for details.

B) Amount Spent as of Jan. 1

How much did you spend on the project as of Jan. 1, 2021?

\$150,000

C) Total Project Cost

How much do you anticipate spending in total on the project?

\$165,000

D) Start Date

When did construction start, or when do you expect to start?

August 15, 2017

E) Completion Date

When do you expect the project to finish?

March 30, 2021

2) Tell us more about your project

A) Type of work being done. Mark all that apply.

- Addition.** Square footage is added to existing building (e.g. adding a new bedroom to house). **Sq. ft added:** ____
- New building.** Constructing a new building (e.g. building a new house on a vacant lot).
- Conversion or legalization.** Converting existing space to new use (e.g. converting garage to living space).
- Remodel.** Renovating existing space (e.g. upgrading kitchen or bathroom).
- Maintenance or repairs.** Updating existing property elements (e.g. roof).
- Other.** The type of construction is not described in the options above.

B) Major changes to your property. Mark all that apply.

- I am changing the interior configuration of any rooms (e.g. moving dishwasher or stove).
- I am moving or adding walls, windows, or doorways.

C) Characteristics of your property. How many of each room will you have at the end of this construction project?

Living Rooms: 1 Kitchens: 1 Dining Rooms: 1 Bathrooms: 2 Family Rooms/Dens: 1 Bedrooms: 3 Other Rooms: 1 Total: 8

D) Describe your project and provide a diagram on a separate sheet. If more room is required for the project description, include it with the diagram.

TWO STORY ADDITION AND INTERIOR REMODEL OF EXISTING HOUSE.

SEE DIAGRAM ON ATTACHED SHEET

3) How can we contact you?

A) Owner/agent contact information	Owner Email JANE.DOE@EMAIL.COM	Owner Phone (415) 123-4567
B) Are you working with a contractor? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Contractor Contact/Name JOHN CONTRACTOR	Contractor Company CONTRACTOR, LLC
	Contractor Email CONTRACTOR@EMAIL.COM	Contractor Phone (510) 234-5678

I certify that the foregoing is true, correct, and complete to the best of my knowledge. The Assessor-Recorder's Office may audit this statement for completeness and accuracy and contact you for more information as required.

Owner/Agent Signature *Jane Doe*

01/12/2021

Date



1/1/2021

PERMIT #: 201700000000 – ADDITION AND REMODEL

SAMPLE

