Residential Construction Project Information Form

Instructions: Help us correctly assess your construction project by completing and returning this form to our office by **January 12**th, **2024**. Scan and email it to <u>rp.assessor@sfgov.org</u>, 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.

∕our property J nformation P				ame: Assessor Parcel Number: 1234 567				
ee back page for permit infor				1204 007				
What is the statu	is of your	project?						
A) Progress of project a What is the status of your pr			ns below:					
O Work not started.		○ Worl	k complete. [Date of Completion: _				
Work in progress. Ci	ircle % complet	te: 10%	25%	50% 75%	90%	Other:%		
O I will not be doing th	is work at all.	To cancel your	project, you r	nust cancel your pern	nit with DE	SI. See FAQs for details.		
B) Amount Spent as of How much did you spend or as of Jan. 1, 2024?	the project H	b) Total Project low much do you pending in total o	anticipate	D) Start Date When did construction when do you expect to		E) Completion Date When do you expect the project to finish?		
\$40,000	\$	80,000		August 1, 2022		June 18, 2023		
Tell us more abo A) Type of work being o								
Addition. Square for existing building (e.g.	otage is added to adding a new	New b	ouilding. Cons g (e.g. building a	tructing a new a new house on		sion or legalization. ng existing space to new use		
bedroom to house). S	-	_ a vacar				verting garage to living space)		
Remodel. Renovatir (e.g. upgrading kitche			enance or rep g property elem	pairs. Updating ents (e.g. roof).		The type of construction is not d in the options above.		
B) Major changes to yo property. Mark all that app		changing the ins (e.g. moving				ving or adding walls, s, or doorways.		
C) Characteristics of yo	our property. ⊦	low many of each	n room will you	have at the end of this o	onstruction	project?		
Living Rooms: _1_ Kitchens	s: <u>1</u> Dining Roo	oms: 1 Bathroo	oms: 3 Family	/ Rooms/Dens: _1_ Bed	lrooms: <u>4</u>	Other Rooms: 0 Total: 8		
with the diagram.	ONVER	T BASE	MENT T	O 1 FAMIL FULL BATH		the project description, include OM,		
How can we cont	tact vou?							
	Owner Email			Owner Pho	ne			
contact information	ormation JOHN.DOE@EMAI		EMAIL.COM (415)		123-4567			
B) Are you working with a contractor?	Contractor Co	ntact/Name		Contractor	Contractor Company			
	Contractor En	nail		Contractor	Contractor Phone			
rtify that the foregoing is	true correct	and complete	to the best o	f my knowledge. Th	e Assess	or-Recorder's Office may		
lit this statement for comp								

Note: This information request is for active construction projects as of JANUARY 1, 2024. As such, please respond ONLY with information pertaining to permits for rows below beginning 1/1/2024. Rows beginning with earlier years (e.g. 1/1/2023) are historical, and DO NOT require a response with information.

1/1/2024 PERMIT #: 202100000000 – BASEMENT CONVERSION



Residential Construction Project Information Form

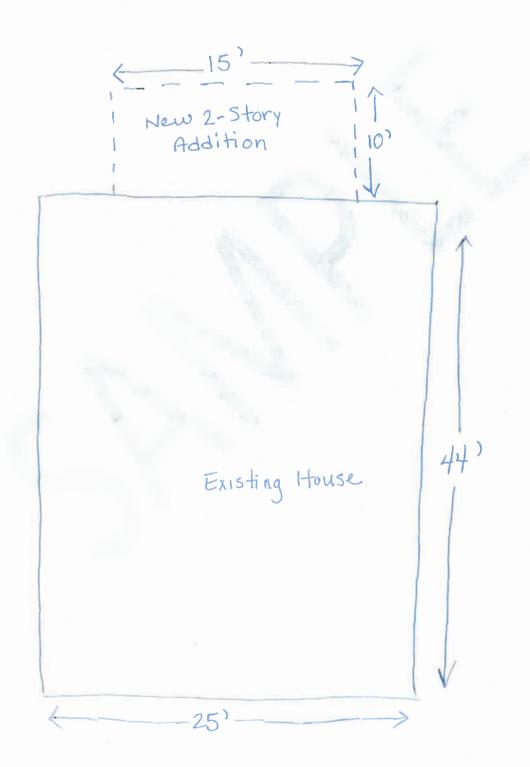
Instructions: Help us correctly assess your construction project by completing and returning this form to our office by **January 12th**, **2024**. Scan and email it to <u>rp.assessor@sfgov.org</u>, mail it using the enclosed envelope, or drop it off at our office in City Hall Room 190 (1st floor). Please 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 Ow Jane Doe Property Add 9456 Broadw		ress Assessor Parcel Number:				
* See back page for permit in	formation	•				
1) What is the sta	itus of you	ır project?				
A) Progress of proje What is the status of you		ry 1st ne of the four options below:				
O Work not started.		O Work complete.	Date of Completion:	<i></i>		
Work in progress	. Circle % comp	olete: 10% 25%	50% 75% 90%	Other:%		
O I will not be doing	g this work at a	III. To cancel your project, you r	must cancel your permit with	DBI. See FAQs for details.		
B) Amount Spent as How much did you spendas of Jan. 1, 2024?		C) Total Project Cost How much do you anticipate spending in total on the project?	D) Start Date When did construction start, o when do you expect to start?	E) Completion Date When do you expect the project to finish?		
\$150,000		\$165,000	August 15, 2020	March 30, 2024		
2) Tell us more a	bout your	project				
A) Type of work beir		<u> </u>				
Addition. Square existing building (a bedroom to house	e footage is adde e.g. adding a new	d to New building. Cons building (e.g. building a	a new house on Conve	ersion or legalization. rting existing space to new use onverting garage to living space).		
Remodel. Renov (e.g. upgrading kit			oairs. Updating ents (e.g. roof). Other descrit	The type of construction is not ped in the options above.		
B) Major changes to property. Mark all that		am changing the interior configuons (e.g. moving dishwasher o		noving or adding walls, ws, or doorways.		
•		. How many of each room will you cooms: 1 Bathrooms: 2 Family		ion project? 3 Other Rooms: 1 Total: 8		
D) Describe your prowith the diagram.	TWO RE	de a diagram on a separate s STORY ADDITIO MODEL OF EXIS DIAGRAM ON AT	N AND INTERIO	OR		
3) How can we co	ntact you	?				
A) Owner/agent contact information	Owner Ema	uil @EMAIL.COM	Owner Phone (415) 123-4567			
B) Are you working with a contractor?	Contractor JOHN CON	Contact/Name TRACTOR	CONTRACTOR, LI			
Yes No	Contractor CONTRACT	Email OR@EMAIL.COM	Contractor Phone (510) 234-5678			
		ct, and complete to the best on accuracy and contact you				
Jane	Doe		01/	12/2024		
Owner/Agent Signature				Date		

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1/1/2024 PERMIT #: 202000000000 – ADDITION AND REMODEL





Residential Construction Project Information Form

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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 inf	ormation							
1) What is the sta	tus of you	ır project?	?					
A) Progress of project What is the status of your			ions below:					
O Work not started.		* W	ork complete. [Date of Completic	on: <u>12</u>	4 /	2023	
O Work in progress.	Circle % comp	olete: 10%	25%	50% 75%	90%	Other:	%	
O I will not be doing	this work at	all. To cancel yo	our project, you	must cancel your	permit with [OBI. See FAC	s for details.	
	B) Amount Spent as of Jan. 1 How much did you spend on the project as of Jan. 1, 2024?		C) Total Project Cost How much do you anticipate spending in total on the project?		D) Start Date When did construction start, or when do you expect to start?		E) Completion Date When do you expect the project to finish?	
\$15,000	\$15,000			08/20/2023		COMPLETE		
2) Tall us mara ak	out vour	project						
2) Tell us more ab								
A) Type of work being	-							
Addition. Square existing building (e. bedroom to house)	g. adding a new	build	/ building. Cons ing (e.g. building a cant lot).		Convertii	sion or lega ng existing spa verting garage		
Remodel. Renova (e.g. upgrading kito			ntenance or reping property elements			The type of cor d in the options	nstruction is not s above.	
B) Major changes to property. Mark all that a			e interior configung dishwasher o			oving or addir s, or doorway		
C) Characteristics of	your property	. How many of ea	ach room will you	have at the end of t	his construction	n project?		
Living Rooms: 1_Kitcher	ns: <u>1</u> Dining F	Rooms: 1 Bathr	ooms: 1 Family	Rooms/Dens: 0	Bedrooms: _2	2_Other Room	ns: <u>0</u> Total: <u>5</u>	
D) Describe your prowith the diagram.	R	EPAIR D		FIX DRY		the project des	scription, include it	
3) How can we con	ntact you	?						
A) Owner/agent contact information	Owner Ema	Email DOE@EMAIL.COM		Owner Phone (415) 123-4567				
B) Are you working with a contractor?	Contractor	Contractor Contact/Name JANE CONTRACTOR		Contrac	ctor Compan			
Yes No	Contractor Email			Contractor Phone (415) 234-5678				
certify that the foregoing audit this statement for co	mpleteness a		nd contact you				r's Office may	
	J				01/1	10/2024		
Owner/Agent Signature	Owner/Agent Signature			Date				

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1/1/2024 PERMIT #: 202300000000 – DECK REPAIR

