



COMPLIANCE AFFIDAVIT
SECTION 604 OF THE SAN FRANCISCO HOUSING CODE
(Requirements are described in the Notice on the reverse side)

Building Location:

Building Address: _____ Assessors Block/Lot: _____

Building Type: (select one)

- Apartment House Hotel
 Residential Condo Building (Apartment House with three (3) or more dwellings - building appendage in common areas)
 Individual Residential Condo (Individual Dwelling Unit with building appendages in private area)

Property Owner Information: (select one & complete)

- Name of Property Owner: _____
 Name of Residential Condominium Association Representative: _____
Mailing Address for building contact (owner or condo association): _____
Phone # of Contact Person: _____

Licensed Professional Information: (select type of professional & complete)

Name of Licensed Professional that reviewed building: _____
Mailing Address of Licensed Professional: _____
Phone # of Licensed Professional: _____ License #: _____

Type of professional:

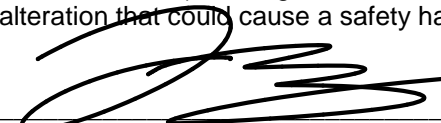
- General Contractor Architect
 Civil Engineer Structural Engineer
 Structural Pest Control Inspector

Affidavit Verification: (Complete verification below)

- Exterior building appendages (as described on reverse side) **DO NOT** exist at the subject building.

 Exterior building appendages **DO** exist at the subject building.

I, _____, hereby verify to the best of my knowledge that at the time of my inspection on _____, all wood and metal decks, balconies, landings, exit corridors, stairway systems, guardrails, handrails, fire escapes, or any parts thereof in weather-exposed areas, (that exist at the subject building identified above) are in general safe condition, adequate working order, and free from deterioration, decay, or improper alteration that could cause a safety hazard.



Signature of Licensed Professional indicated above

Date Signed

Please submit this completed & signed affidavit to the Department of Building Inspection as follows:

Mail: DBI - Housing Inspection Services Division
Attn: Section 604 H.C. Affidavit Filing
1660 Mission Street, 6th Floor
San Francisco, CA 94103-2414
Phone: (415) 558-6220
Fax: (415) 558-6249
Email: dbi.hissection604@sfgov.org

Please make a copy of this affidavit for your records prior to submittal to the Department of Building Inspection.

State Contractors License:
C-16 735459
Office: 415-567-9373
FAX: 415-354-3395

Fire King
Fire Protection Inc.
19 Pamaron Way, Novato CA 94949

www.firekinginc.com

Fire Escape Inspection Report (Annual)

Work Order #

Service Technician

Date of Inspection

Customer

Fire Escape Information

Fire Escape Location:

Number of Stories:

Top Entry Location:

Middle Entry Locations:

Bottom Exit Location:

Exit Ladder Type:

Inspection and Maintenance as per NFPA 101 and CA Admin Code Title 19.

Notifications Made Prior to Testing

Building Occupants:

Building Management:

Maintenance Check List

		YES	NO	N/A	Comments
1	Are Entry Ladders in Satisfactory Condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	Are Hand Rails in Satisfactory Condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	Are Foot Steps in Satisfactory Condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	Are Platform and Steps Free from Obstructions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	Are Mounting Bolts Secure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	Are Connecting Bolts Secure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7	Are Escape Ladders in Satisfactory Condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8	Are Escape Hinges in Satisfactory Condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9	Are Escape Slides in Satisfactory Condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10	Are Escape Cables in Satisfactory Condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11	Are Counter Weight(s) in Satisfactory Condition?				

Notes and Comments:

Service Technician

Service Technician Signature

Service Date