



CITY OF SAUSALITO
Community Development Department
420 Litho Street, Sausalito, CA 94965
(415) 289-4128 / Fax (415) 339-2256
www.sausalito.gov

FOR CDD USE ONLY

Date Received: _____
 Amount: _____
 Payment Method: _____
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 Staff Initial: _____

APPLICATION FOR RESIDENTIAL BUILDING RECORD REPORT
(Required per Municipal Code Chapter 8.32)

PLEASE PRINT OR TYPE ALL INFORMATION (To be completed by applicant)

Address of Residence: _____
 Assessor's Parcel Number: _____ - _____ - _____
 Name of Owner: _____
 Address of Owner: _____
 Owner's EMAIL: _____

Name of Applicant: _____
 Address of Applicant: _____
 Applicant's Phone Number: _____
 Applicant's EMAIL: _____

MAIL REPORT TO: _____

EMAIL REPORT TO: _____

I am the legal owner or the authorized agent of the legal owner:

Signature of owner or authorized agent

IMPORTANT: Please include the \$450.00 fee with the application. Make your check payable to "City of Sausalito" or include completed credit card authorization form.

ALLOW A MINIMUM OF 2 WEEKS FOR COMPLETION OF THIS REPORT