



City of  
**Santa Monica**<sup>®</sup>

# REQUEST FOR RECONSIDERATION (SEISMIC RETROFIT)

BUILDING AND SAFETY DIVISION  
1685 MAIN STREET  
SANTA MONICA CA 90401

Application to request reconsideration of the Building Officer's preliminary determination that a particular property contains one or more potentially seismically vulnerable buildings.

Site Address \_\_\_\_\_

Date \_\_\_\_\_

Applicant Name \_\_\_\_\_

Phone \_\_\_\_\_

Applicant Address \_\_\_\_\_

Unit/Apt \_\_\_\_\_

City/State \_\_\_\_\_

Zip Code \_\_\_\_\_

Email where final determination may be sent \_\_\_\_\_

**To assist with the City's review of your request, please provide all supplemental material that would aid in verifying whether previous retrofit work has been completed on the property in accordance with the SMMC and applicable Building Codes in effect at the time work was permitted and completed. Such evidence may include items such as:**

- Approved project plans stamped by the City's Building & Safety Division;
- A City-issued building permit for retrofit work;
- Final Inspection sign-off from the City verifying completion of retrofit work authorized by a City-issued building permit
- Structural calculations and/or evaluation report associated with a City-issued building permit for retrofit work;
- Third party testing by an approved agency (e.g. X-rays, lab test results/reports, ultrasonic, core samples, etc.); or
- Completion and verification of a Structural Observation Report, which can be obtained at <https://www.smgov.net/uploadedFiles/Departments/PCD/Applications-Forms/Structural-Observation-Report-Form.pdf>
- Structural report with supporting calculations

Please provide any additional information below that would be helpful in reviewing your request such as building construction history or original Architect and/or Engineer of record (attach additional sheets as necessary).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that I have filled out this application completely and state that the above information is correct and accurate.

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

STAFF USE ONLY			
Project Number: 17PSVB- _____	Building & Safety Determination		
	Request Approved <input type="checkbox"/>	Reviewer: _____	Date: _____
Date Received: _____	Request Not Approved <input type="checkbox"/>	Bldg Off. _____	Date: _____