



# SEISMIC STRUCTURAL EVALUATION REPORT SUBMITTAL

structures subject to the seismic retrofit ordinance shall submit a structural analysis, pursuant to SMMC 8.58.030.

SITE ADDRESS

DATE

<b>Applicant (primary contact)</b>	Name		Phone		
	Address		Unit	City	
	State	Zip	Email		
<b>Engineer / Architect (if different from above)</b>	Project Manager		Company Name		Phone
	Address		Unit	City	
	State	Zip	Email		

STAFF USE ONLY			
Project Number:	17PSVB-_____	Initial fee paid?	<input type="checkbox"/>
Report sent to staff for review?	<input type="checkbox"/>		
Total review hours:	_____	If more than 1 hour of review, additional fees collected?	<input type="checkbox"/>
Building & Safety Determination			
Retrofit Not Required:	<input type="checkbox"/>	Reviewer: _____	Date: _____
Retrofit Required:	<input type="checkbox"/>	Building Officer: _____	Date: _____