



CITY OF SANTA MONICA

# HOW TO COMPLY WITH THE SEISMIC RETROFIT PROGRAM

# WHY DID I GET A NOTIFICATION TO COMPLY?

Seismic retrofit laws for **Soft, Weak or Open Front** walls in light, wood framed buildings (**SWOF**) first enacted in 1994

# WHY DID I GET A NOTIFICATION TO COMPLY?

In 2015, the Santa Monica Building & Safety department conducted a visual survey of all buildings categorized as **SWOF** (except SFD as defined in CBC)

# WHY DID I GET A NOTIFICATION TO COMPLY?

In 2017, City Council voted in the mandatory retrofit laws, including **SWOF**. (SMMC 8.72)

## **Chapter 8.72 SEISMIC STRENGTHENING PROVISIONS FOR SOFT, WEAK OR OPEN FRONT (SWOF) WALLS IN LIGHT, WOOD-FRAMED BUILDINGS**

### **8.72.020 Scope and applicability.**

**The provisions of this Chapter shall apply to all (multifamily residential) buildings of wood-frame construction, or wood-frame portions thereof, where:**

- (1) The structure was built under building code standards enacted before November 10, 1980; and**
- (2) The ground floor portion of the structure contains parking or other similar open floor space that causes soft, weak or open-front wall lines, and there exists one or more stories above.**

## NEXT STEPS...

- 1) Check your records for documents of a previous retrofit.
  - Building permit
  - Plans
  - Inspection card

# Building Permit

*DA-0274*

*Wilshire*

City of  
**Santa Monica**  
1685 Main Street Santa Monica  
Land Use and Transportation Manager

**WILSHIRE BLVD**  
EQRO EARTHQUAKE REPAIR F

Work Comp : NO  
Permit No. : EQRO  
Today's Date : 04/04/94  
Class Code : 437

**SITE INFORMATION**

Address : WILSHIRE BLVD  
Job Title : WILSHIRE BLVD  
Description : REPAIRS  
No. Bldgs : Const. Type : OTH  
No. of Units : 0 Occupancy : RB-2  
Prop. Owner:  
Parcel No. :

**APPLICANT INFORMATION**

Name :  
Address :  
City : L.A.  
Phone No. :  
Today's Pymt : .00

**TOTAL FEES DUE: \$ 113.00**

Fee description

Planning & Zoning Fee: \$60.00

# Building Inspection card

INSPECTION	BY	DATE	NOTES	B:	C:	E:	M:	P:
FOUNDATION				E:	M:	P:		
Masonry				E:	M:	P:		
Underfloor or slab				E:	M:	P:		
	PA	4-12-94	NOT					
ROUGH/FRAME	ROB	4-19-94		E:	M:	P:		
Lath/Drywall								
FINAL	ROB	4-19-94		E:	M:	P:	FP:	GS:
Temp Power							PZ:	LR: 24A
Pool				E:	M:	P:		
Sewer H/Y								
Water H/Y								
Gas H/Y								
Gas Final								
Appliance or Accessory				E:	M:	P:		
Type of Service								
No. of Meters				E:	P:			
Meters Released				E:	P:			

# REQUEST FOR RECONSIDERATION



City of  
Santa Monica

**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 SMCC 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 <http://www.smonica.net/UploadedFiles/Departments/PCTD/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).

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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
Date Received: _____	Request Approved <input type="checkbox"/> Reviewer: _____ Date: _____
	Request Not Approved <input type="checkbox"/> Bldg Off: _____ Date: _____

# STRUCTURAL EVALUATION REPORT

Search for a CA licensed design professional (engineer or architect) competent in performing a structural evaluation.

<http://www.seaosc.org/Find-an-Engineer>

# COMPLIANCE TIMEFRAME FROM DATE OF SERVICE OF NOTICE



- 2 Years or 24 mos. – Structural Evaluation report.
- 3 Years or 36 mos. – Application/submission of plans.
- 6 Years or 72 mos. – Final approval of completed construction.

## SEISMIC RETROFIT PROGRAM REFERENCES

- [www.smgov.net/seismic](http://www.smgov.net/seismic)
- <http://www.seaosc.org/Find-an-Engineer>
- 310.458.8355 ([seismic@smgov.net](mailto:seismic@smgov.net))
- 310.458.2201 x5626 ([orville.sabado@smgov.net](mailto:orville.sabado@smgov.net))
- 310.458.2201 x5629 ([jeff.nespor@smgov.net](mailto:jeff.nespor@smgov.net))
- Available forms – Request for Reconsideration, Soft Story Retrofit Supplemental Application