



EARTHQUAKE SAFE HOMES PROGRAM (ESHP)

Project Description

Complete and submit this form with your Design Review Package to the ESHP Office at the address above. After preliminary review, ESHP will forward your Permit Application to the Planning and Building Department. The Permit Applicant will be notified once approved to proceed with plan check and permit approvals.

SITE ADDRESS:	
PROPERTY OWNER:	PHONE:
PERMIT APPLICANT:	PHONE:

1. **Visible Exterior Changes:** Will any visible exterior changes result from this retrofit project or any other concurrent, non-seismic activities? NO YES*

*Describe any visible exterior changes below and ensure that they are clearly depicted in the schematics and drawings. State whether any relevant repair or replacement will be performed in-kind and/or whether visible changes will be reversible.

2. **Required Seismic Activities:** Confirm that the required measures are included in your scope of work.*

Foundation anchors Wood structural panels Framing clips

*If any of the above are not applicable to your project, explain why:

3. **Optional Seismic Activities:** Indicate and describe any additional seismic measures included in your scope of work.

NONE Anchoring of water heater tank
 Other mitigation of structural or non-structural seismic safety hazards as described below.

4. Non-Seismic Activities:

Will any non-seismic work be conducted at the same time as the retrofit? NO YES*

* Clearly describe non-seismic work to be conducted concurrently with the retrofit under a separate permit. **If the building is more than 45 years old, include Plans, Schematics, and Photographs for EHP Review as a separate attachment.**

5. Permit Applicant Certification:

My signature below confirms the following:

- The description above includes all work that will be conducted during or concurrently with the seismic retrofit of this property.
- If any non-seismic or non-reimbursable work is planned, it will be covered under separate permit(s).
- Any changes to this scope of work will be submitted to the ESHP Office using a revised version of this form and updated plans/drawings/pictures as is appropriate **before** any unapproved activities begin. No additional activities will be conducted until design revisions are approved by FEMA and ESHP.
- I/we understand that any activities conducted without ESHP approval prior to ESHP reimbursement and project close-out may result in previously eligible costs being denied reimbursement.

_____ Signature of Permit Applicant

_____ Date

ESHP STAFF USE ONLY

Date Received: _____ ESHP Rehab Advisor: _____ Ext: _____

Approved? Y / N Date: _____ Application Submitted: _____

Comments: _____
