



# CITY OF PINOLE

## DEVELOPMENT SERVICES DEPARTMENT

2131 Pear Street  
Pinole, CA 94564

Phone: (510) 724-8912  
FAX: (510) 724-4921

### COMPLIANCE AFFIDAVIT CHAPTER 8.36 OF THE PINOLE MUNICIPAL CODE BALCONY INSPECTION FOR REAL PROPERTY SALES

#### PROPERTY INFORMATION:

##### Building Location:

Building Address: \_\_\_\_\_ Year Built: \_\_\_\_\_

##### Property Owner Information: (select one & complete)

Name of Property Owner: \_\_\_\_\_

Name of Residential Condominium Association Representative: \_\_\_\_\_

Mailing Address for building contact (owner or condo association): \_\_\_\_\_

Phone # of Contact Person: \_\_\_\_\_

##### Verification by Licensed Professional Information: (select type of professional & complete)

Name of Licensed Professional that inspected property: \_\_\_\_\_ Company: \_\_\_\_\_

Mailing Address of Licensed Professional: \_\_\_\_\_

Phone # of Licensed Professional: \_\_\_\_\_ License #: \_\_\_\_\_

Type of professional:

- General Contractor
- Architect
- Civil Engineer
- Structural Engineer
- Structural Pest Control Inspector

##### Affidavit Verification: (Complete verification below)

At the time of my inspection on \_\_\_\_\_,

All balconies (a horizontal platform extending from the exterior wall of a building, accessible from the building's interior, and not directly accessible from the ground) or any parts thereof in weather-exposed areas at the subject building **did not** exhibit signs of deterioration, decay, corrosion or similar damage that could pose a safety concern and there was no evidence of active water intrusion in concealed spaces of the inspected elements.

Corrective work is required. Briefly describe work and locations:

\_\_\_\_\_

If the box is checked indicating that corrective work is required, apply for a building permit within 60 days of the date on this form, and respond to plan check comments within 10 days of the date of the correction letter, obtain a building permit within 10 days of notification on plan approval and complete all work within 90 days of permit issuance.

\_\_\_\_\_  
Signature of Licensed Professional indicated above

\_\_\_\_\_  
Date Signed

**Please submit this completed & signed affidavit to the Development Services Department as follows:**

**Mail:** Development Services Department  
2131 Pear Street, Pinole, CA 94564  
**Phone:** (510) 724-8912  
**Fax:** (510) 724-4921  
**Email:** building@ci.pinole.ca.us