

**City and County of San Francisco
Department of Building Inspection**

Vacant Building Annual Registration

Property Address: _____ Registration Date: _____	
APN: BLK _____ LOT _____	
Legal Owner :	Authorized Agent:
Owner Address:	
Owner /Agent Phone Contact:	
Lender Name:	
Lender Address:	
Lender /Contact Phone :	
Department of Building Inspection 1660 Mission Street, S.F.,CA 94103 Phone: 415-554-6454	SFBC: sect. 103A.4