Wood-Frame Seismic Retrofit Program
SCREENING FORM – NO FEE

City records indicate that a building located on the block and lot shown below is subject to San Francisco Existing Building Code Chapter 5E: Mandatory Earthquake Retrofit of Wood-Frame Buildings. The building owner or the owner’s authorized agent shall complete and submit this Screening Form (SFEBC Section 504E.2). Sections 3 through 5.1 of this form, if needed, are to be completed by a California licensed architect or civil or structural engineer. Submittal of this Screening Form is required even if the building has completed voluntary seismic strengthening or if the building in its current condition is believed to satisfy the retrofit requirements of SFEBC Section 506E (see Section 2).

A separate document, Screening Form Instructions, provides explanation and instructions for this Screening Form.

Submit the completed Screening Form either:
- As a pdf attachment to softstory@sfgov.org, with “Screening Form submittal” in the subject line, or
- As a hardcopy by U.S. mail to Wood-Frame Seismic Retrofit Program, Technical Services Division, 49 South Van Ness Avenue, Suite 500 - San Francisco CA 94103

SECTION 1 – ADMINISTRATIVE INFORMATION

Owner telephone

Owner email

Owner mailing address

Authorized agent (optional)

Agent telephone

Agent email

Agent mailing address

CONDOMINIUM OWNERS: Please submit one Screening Form and one set of contact information for each building. Please list all lot numbers comprising the building here:

Yes  No

Does this Screening Form replace or supplement a previously submitted Screening Form for the same building?
**SECTION 2 – VOLUNTARY STRUCTURAL WORK EXEMPTION**

*If the answer to question one (1) is yes, Screening Form Sections 3, 4, and Section 5.1 need not be completed. Section 5.2 must be completed in all cases.*

1. Has voluntary seismic strengthening been completed under Administrative Bulletin AB-094, Definition and Design Criteria for Voluntary Seismic Upgrade of Soft Story, Type-V (wood frame) Buildings?  
   - Yes  
   - No

   If yes, AB-094 Permit Application Number: ______________________

2. In addition to the exemption for AB-094 retrofits, this program (SFEBC Section 502E) also exempts certain retrofits completed within the last 15 years. To qualify for that exemption, complete and submit this Screening Form as well as the separate Optional Evaluation Form.

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**SECTION 3 – SCOPE VERIFICATION**

1. Was the building originally constructed before January 1, 1978, or was a permit for construction applied for before January 1, 1978?  
   - Yes  
   - No

2. Is the building three or more stories, or two stories over a basement or underfloor area that extends above grade?  
   - Yes  
   - No

3. Does the building contain five or more dwelling units?  
   - Yes  
   - No

4. Is the building of Type V (wood-frame) construction? *(This question applies only to Target Stories. Use the Type V Worksheet in the Screening Form Instructions to answer this question.)*  
   - Yes  
   - No

   If No, indicate also which of these conditions is true:  
   - The building has no Target Stories.  
   - The building has one or more Target Stories but they are not wood-frame.

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**CONCLUSION:** Is the response to ALL FOUR of the preceding questions Yes?  

- Yes  
- No

If Yes: The building is subject to SFEBC Chapter 5E. Complete and submit this Screening Form.

If No: The building is exempt from SFEBC Chapter 5E. Complete and submit this Screening Form, but skip Section 4. The Department will confirm the exemption in writing.

Note: Even if the building is subject to SFEBC Chapter 5E, it might not require retrofit. An owner may show that retrofit is not required by submitting a separate Optional Evaluation Form with supporting documents. The Optional Evaluation Form is available at [www.sfdbi.org/softstory](http://www.sfdbi.org/softstory).

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**SECTION 4 – ASSIGNMENT OF COMPLIANCE TIER**

*Indicate the compliance tier. Use the Compliance Tier Worksheet in the Screening Form Instructions to find the compliance tier.*

- Tier I  
- Tier II  
- Tier III  
- Tier IV
SECTION 5 – DESIGN PROFESSIONAL & OWNER AFFIDAVIT

Please see instructions.

5.1 DESIGN PROFESSIONAL
Under penalty of perjury, I certify that the information provided in Sections 3 and 4 of this Screening Form is based on my personal review of the building and its records, or review by others acting under my direct supervision, and is correct to the best of my knowledge.

Date stamped and signed

Firm name

Design Professional telephone

Design Professional email

5.2 OWNER/ AGENT
Under penalty of perjury, I certify that the information provided in Sections 1 and 2 of this Screening Form is correct to the best of my knowledge.

Signature

Date

FOR DBI USE ONLY

Form appears incomplete / more information needed regarding:

SECTION 2: AB-094 Retrofit
SECTION 3: Scope Verification
Wood-Frame
Pre-1978
Stories
Units

SECTION 4: Compliance Tier

SECTION 5: Professional and Owner / Agent Statements

DBI Reviewer:

Date: