



Planning & Development Department  
Building and Safety Division

# AMNESTY PROGRAM FOR UNPERMITTED DWELLING UNITS INSPECTION CERTIFICATION

This certification may require inspections from multiple licensed professionals. Please fill out one form per licensed professional. Mail the completed form to the Resilient Buildings Program at 1947 Center Street, 3<sup>rd</sup> Floor, Berkeley, CA 94704.

### PROPERTY INFORMATION:

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

Property Owner Name(s): \_\_\_\_\_ Email: \_\_\_\_\_

#### Unit Type: (Select one)

- Attached Accessory Dwelling Unit
- Detached Accessory Dwelling Unit
- Converted Accessory or Junior Accessory Dwelling Unit

#### Occupancy: (Select one)

- Occupied
- Unoccupied

### LICENSED PROFESSIONAL INFORMATION:

#### Type of professional:

- Structural Engineer
- Civil Engineer
- General Contractor
- Electrical Contractor/Engineer
- Mechanical Contractor/ Engineer
- Plumbing Contractor/Engineer

Name of Licensed Professional: \_\_\_\_\_ Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

License #: \_\_\_\_\_ Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

### VERIFICATION BY LICENSED PROFESSIONAL:

*Please indicate a brief description and location of corrective work required. For elements not inspected, please leave blank.*

At the time of my inspection on \_\_\_\_\_, to the best of my knowledge,

YES  NO The unit is free of major structural deficiencies.

\_\_\_\_\_

YES  NO All electrical elements and systems were in good condition with no evidence of deterioration or deficiencies.

\_\_\_\_\_

YES  NO All mechanical elements and systems are in good condition with no evidence of deterioration or deficiencies.

\_\_\_\_\_

YES  NO All plumbing fixtures are in good condition with no evidence of deterioration or deficiencies.

\_\_\_\_\_

Corrective Work is required.  Permit Required  Permit Not Required

Amnesty Program for Unpermitted Dwelling Units applicants must obtain certification from licensed professionals verifying all electrical, mechanical, and plumbing elements are in good condition and that the unpermitted unit is free of major structural deficiencies prior to issuance of a Housing Certificate of Compliance.

If corrective work has been completed or is underway, please provide the permit number if a permit was required:

Permit # \_\_\_\_\_  Yes received final inspection from Building and Safety  Not finalized.

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

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

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