EF-64-R10-0211-21000350-1 BOE-64 (P1) REV. 10 (02-11)

CLAIM FOR SEISMIC SAFETY CONSTRUCTION EXCLUSION FROM ASSESSMENT

This claim must be filed with the Assessor prior to, or within 30 days of, completion of construction.



Shelly Scott Assessor-Recorder-County Clerk

County of Marin CHANGE IN OWNERSHIP DIVISION P.O. Box C San Rafael, CA 94913

Phone: (415) 473-7231 Fax: (415) 473-6255 www.marincounty.gov

CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)	FOR ASSESSOR'S USE ONLY
(wake necessary confections to the printed haine and mailing address)	DATE RECEIVED
	APPROVED DENIED
	REASON FOR DENIAL
L	
CLAIMANT'S NAME (PLEASE PRINT) ASSESSOR'S PARCEL NUMBER	
STREET ADDRESS (IF DIFFERENT THAN MAILING ADDRESS)	ZIP CODE
DATE (OR ANTICIPATED DATE) OF COMPLETION DAYTIME TELEPHONE NUMBER EMAIL ADDRESS	
☐ YES ☐ NO The property owner, primary contractor, civil or structural engi	
building department those portions of the project that are seismic retrofitting components, as defined	
by Revenue and Taxation Code section 74.5(b)(2).	
Section 74.5 of the Revenue and Taxation Code excludes from assessment that portion of construction and reconstruction of seismic components.	an existing structure that consists of the
In order to receive the exclusion, this claim form must be filed with the assessor prior to, or within 30 days of, completion of the project.	
All documents necessary to support the exclusion must be filed with the Assessor by the proposition of the project.	perty owner not later than six months after
The property owner, primary contractor, civil or structural engineer, or architect shall certify to the building department those portions	
of the project that are seismic retrofitting components, as defined by Revenue and Taxation Code section 74.5(b)(2). Upon completion	
of the project, the building department shall report to the Assessor the costs of the portions components.	of the project that are seismic retrollting
For purposes of section 74.5	
···	onts utilizing carthquake hazard mitigation
(1) "Seismic retrofitting components" means seismic retrofitting improvements and improvements utilizing earthquake hazard mitigation technologies.	
(2) "Seismic retrofitting improvements" means retrofitting or reconstruction of an existing building or structure, to abate falling hazards	
from structural or nonstructural components of any building or structure including, but not limited to, parapets, appendages, cornices,	
hanging objects, and building cladding that pose serious danger. "Seismic retrofitting improvements" also means either structural strengthening or providing the means necessary to resist seismic force levels that would otherwise be experienced by an existing	
building or structure during an earthquake, so as to significantly reduce hazards to life and safety while also providing for the substantially	
safe ingress and egress of building occupants during and immediately after an earthquake. "Seismic retrofitting improvements" does	
not include alterations, such as new plumbing, electrical, or other added finishing materials, made in addition to seismic-related work	
performed on an existing structure. "Seismic retrofitting" includes, but is not limited to, those items referenced in Appendix Chapters 5 and 6 of the Uniform Code for Building Conservation of the International Conference of Building Officials.	
(3) "Improvements utilizing earthquake hazard mitigation technologies" means improvements to existing buildings identified by a local	
government as being hazardous to life in the event of an earthquake. These improveme	
protection of structures. These improvements shall use technologies such as those refere 101) of Title 24 of the California Building Code and similar seismic provisions in the Unifor	
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THIS EXCLUSION EXPIRES UPON CHANGE IN OWNERSHIP OF	THE PROPERIT.
CERTIFICATION	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct and complete to the best of my knowledge and belief.	
SIGNATURE OF PERSON MAKING CLAIM	DATE