



City of Pacific Grove

Community Development Department – Building Division
300 Forest Avenue, Pacific Grove, CA 93950
Main: (831) 648-3190 | Fax: (831) 648-3184
www.cityofpacificgrove.org/building

OFFICE USE ONLY

Application No: _____

APPLICATION FOR RESIDENTIAL ZONING RECORDS REPORT

IMPORTANT INFORMATION: PGMC 23.78 - Sale of Residential Buildings - requires that a Residential Zoning Records Report (RZRR - also known as City Report) be completed prior to the close of escrow, transfer of title for sale or exchange of any residential property, on all single-family dwellings, condos and apartment buildings. This process involves research of records on file and an exterior inspection of the property. No one is required to be in attendance and the City does not call in advance to schedule the inspection. RZRR report is typically prepared within ten (10) business days provided that all required information is provided and fees are paid.

SEC I: PROPERTY INFORMATION

Project Address	Assessor Parcel No.
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SEC II: APPLICANT INFORMATION

PRIMARY APPLICANT IS Property Owner Listing Agent

OWNER <i>(required)</i>	NAME:	PHONE:	EMAIL:
	MAILING ADDRESS:		
LISTING AGENT	NAME:	PHONE:	EMAIL:
	MAILING ADDRESS:		
BUYER <i>(if known)</i>	NAME:	PHONE:	EMAIL:
	MAILING ADDRESS:		

SEC III: SEWER LATERAL INFORMATION

Has the lateral been replaced within the last ten (10) years?	<input type="checkbox"/> Yes (Provide documentation)
	<input type="checkbox"/> No (Sewer Lateral inspection required. See Section IV)

SEC IV: SEWER LATERAL INSPECTION (This section must be completed by a licensed plumber)

Inspection Date	Contractor Name	
Contractor Phone	Contractor Email	
Contractor Mailing Address		
<i>All of the following questions must be answered</i>		
	YES NO	IMPORTANT NOTICE: <i>Any deficiencies noted in Section IV of this form must be corrected by current property owner (unless buyer assumes responsibility and provides written statement to the City) within 60 days from the date of submitting this application or notification by the City.</i>
Is cleanout/sewer relief vent installed?	<input type="checkbox"/> <input type="checkbox"/>	
Is sewer backwater valve needed?	<input type="checkbox"/> <input type="checkbox"/>	
Is sewer backwater valve installed?	<input type="checkbox"/> <input type="checkbox"/>	
Is the connection to the sewer main serviceable and in good working condition?	<input type="checkbox"/> <input type="checkbox"/>	
Is the sewer lateral free from roots, grease deposits and other solids that may impede or obstruct the transmission of waste water?	<input type="checkbox"/> <input type="checkbox"/>	
Are all joints water tight, sound and free from structural defects, cracks, breaks, openings, sags, or missing portions to prevent exfiltration by ground or storm water?	<input type="checkbox"/> <input type="checkbox"/>	
LICENSED PLUMBER SIGNATURE	PRINT NAME	DATE

APPLICANT DECLARATION: I hereby certify under that I have authority to make the foregoing application and the information contained herein is correct.

PRIMARY APPLICANT SIGNATURE	PRINT NAME	DATE
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