



# RESALE INSPECTION REPORT APPLICATION

City of Larkspur Building Department  
400 Magnolia Ave.  
Larkspur, CA 94939  
(415) 927-5038

## OFFICE USE ONLY

REPORT NO.: \_\_\_\_\_ DATE : \_\_\_\_\_  
RECEIPT #: \_\_\_\_\_ INSPECTOR: \_\_\_\_\_  
INSP DATE: \_\_\_\_\_ INSP TIME: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_ APN: \_\_\_\_\_

### TYPE OF BUILDING AND INSPECTION REPORT FEES:

SINGLE FAMILY DWELLING - \$185  
MULTI-UNIT (FIRST UNIT) - \$125  
CONDOMINIM - \$125  
CANCELLATION/RE-SCHEDULE \$106.65  
W/ADDITIONAL UNIT - \$63  
NUMBER OF UNITS: \_\_\_\_\_ EA ADDTL UNIT \$63  
DUPLEX - \$125  
TOTAL: \_\_\_\_\_

### PROPERTY OWNER: \_\_\_\_\_

CONTACT: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY/STATE/ZIP: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

### APPLICANT: \_\_\_\_\_

AGENCY NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY/STATE/ZIP: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

### PERSON TO MEET INSPECTOR:

OWNER                  APPLICANT                  OTHER (BELOW)  
NAME: \_\_\_\_\_  
CELL/ DAY PHONE NUMBER: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

### PERSON TO RECEIVE REPORT:

OWNER                  APPLICANT                  OTHER (BELOW)  
NAME: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

### APPLICANT SIGNATURE

*I am the* \_\_\_ **Legal Owner**, \_\_\_ **Authorized Agent of the Legal Owner**, of the property at the address of subject building and hereby request that a physical inspection be made of the property and agree to furnish buyer with a copy of the final report.

**I certify that I am the applicant named herein**, that I have familiarized myself with the above-referenced property prior to filing this application, and that the answers herein contained are in all respects true and accurate to the best of my knowledge.

**I acknowledge that the entire building and site** must be available for a complete and continuous inspection at the time for which the inspection is arranged. The Building Inspector will not inspect buildings unless accompanied by either the owner or the owner's authorized agent.

\_\_\_\_\_  
SIGNATURE of Property Owner or Authorized Agent                                  PRINT NAME                                  DATE

Larkspur Municipal Code Section 15.40 requires that, prior to the completion of the sale or exchange of residential property, the Seller/Seller's Agent furnish this report to the Buyer(s). This report will be valid for a period of six (6) months from the date of issuance. First sale homes on subdivisions or newly created properties approved and recorded less than two years prior to sale are exempt.

Inspections are conducted on Wednesdays on a first-come first serve basis.

For additional information, forms & documents please visit us on the web at: [City of Larkspur Building Department](#)