



BUILDING DIVISION

**Community Development Department**

2131 Pear Street, Pinole, CA 94564 [www.pinole.gov](http://www.pinole.gov)

Phone: (510) 724-8912 Email: [BuildingQuestions@pinole.gov](mailto:BuildingQuestions@pinole.gov)

## BALCONY COMPLIANCE AFFIDAVIT

Required by Chapter 8.36 of the Pinole Municipal Code

*Please submit this completed & signed affidavit to the Community Development Department with the fee \$194.00. The form can be emailed with a credit card authorization form to [KMarks@pinole.gov](mailto:KMarks@pinole.gov) or mailed to: Community Development Department, Attention: Chief Building Official, 2131 Pear Street, Pinole, CA 94564 with required payment. Questions? Call (510) 724-8912*

### **PROPERTY INFORMATION:**

Building Location (Address): \_\_\_\_\_ Year Built: \_\_\_\_\_

Name of Property Owner: \_\_\_\_\_

Name above is the ☐ Property Owner ☐ Residential Condo Association Representative

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

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### **VERIFICATION BY LICENSED PROFESSIONAL INFORMATION:**

Company who conducted the inspection: \_\_\_\_\_

Name of Licensed Professional who conducted the inspection: \_\_\_\_\_

Mailing Address of Company: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Type of professional:

☐ General Contractor ☐ Architect ☐ Civil Engineer

☐ Structural Pest Control Inspector ☐ Structural Engineer

**AFFIDAVIT VERIFICATION:** At the time of my inspection on \_\_\_\_\_,  
(date and time)

☐ All balconies (a horizontal platform extending from the exterior wall of a building, accessible from the building's interior, and not directly accessible from the ground) or any parts thereof in weather-exposed areas at the subject building **did not** exhibit signs of deterioration, decay, corrosion or similar damage that could pose a safety concern and there was no evidence of active water intrusion in concealed spaces of the inspected elements.

☐ Corrective work is required. Briefly describe work and locations, or attach information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*If the box is checked indicating that corrective work is required, apply for a building permit within 60 days of the date signed by the licensed professional, and respond to plan check comments within 10 days of the date of the correction letter, obtain a building permit within 10 days of notification on plan approval and complete all work within 90 days of permit issuance.*

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

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