

**Town of Corte Madera, CA**

240 Tamal Vista Blvd., Ste. 110

Corte Madera, CA 94925

p: (415) 927-5062

[THIS BOX FOR DEPARTMENT USE ONLY]

Report No. \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Fee Receipt No. \_\_\_\_\_

**APPLICATION FOR REPORT OF RESIDENTIAL BUILDING RECORD**

*Please remit \$130.00 fee at time of application. You may mail the resale form with payment to the address listed above, or email to [buildingpermit@tcmmail.org](mailto:buildingpermit@tcmmail.org). A link to pay online by credit card will be provided at the time of application.*

*Turnaround time on resale reports is currently two weeks.*

Prior to the sale or exchange of any residential building or residential site in the Town, the owner or his authorized agent shall obtain from the Town a Report of Residential Building Record showing the regularly authorized use, occupancy and zoning classifications of such property and all other pertinent information relating thereto. [Ord. 601 § 1 (part), 1973]

**Fire resale Inspection:** All properties located in the designated Wildland Urban Interface zone also require a Fire Resale Inspection (with the exception of Condos and Townhouses unless the entire building is being sold.) If a Fire Dept. Inspection is needed, please add \$190 to the total payment amount. Submission of this form authorizes and grants permission for the fire inspector to conduct the inspection at the listed address. For information on Fire Dept. Resale requirements, go here: [Centralmarinfire.org/resale](http://Centralmarinfire.org/resale).

**ADDRESS** (or APN if no address) of the **RESIDENTIAL SITE** to be reported on:

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

Property Owner Address: \_\_\_\_\_

Listing Broker: \_\_\_\_\_

I, the APPLICANT, certify that I am the OWNER or the OWNER'S AUTHORIZED AGENT and that I am requesting from the Town of Corte Madera a Report of Residential Building Record for the property herein identified. I further certify that all information contained in this application is true and accurate to the best of my knowledge and belief.

PRINTED name of APPLICANT: \_\_\_\_\_

Mailing address of Applicant: \_\_\_\_\_

(Number)

(Street)

(City)

(State)

(Zip)

Telephone Number(s) of Applicant: ( \_\_\_\_\_ ) \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This Report of Residential Building Record is to be:**

- Picked up at the Town of Corte Madera Planning & Building Office.
- Mailed to the Applicant.
- E-mailed to the Applicant.

