



## SAFER HOUSING FOR OAKLAND PROGRAM (SHOP)

### Project Description

The Design firm must complete and submit this form with the retrofit plans and calculations to SHOP at the email or address above. Any changes to the project design must be documented by the engineer/contractor on a revised form.

<b>SITE ADDRESS:</b> _____	
PROPERTY OWNER: _____	
DESIGN FIRM: _____	PHONE: _____

1. **Visible Exterior Changes:** Will any visible exterior changes result from this retrofit project or any other concurrent, non-seismic activities?  NO  YES\*

\*Describe any visible exterior changes below and ensure that they are clearly depicted in the schematics and drawings. State whether any relevant repair or replacement will be performed in-kind and/or whether visible changes will be reversible.

2. **Required Seismic Activities:** Are all the required measures described in Appendix Chapter A4 of the 2016 CEBC and section B of the SHOP Engineering Requirements included in your scope of work?  
 YES  NO\*

\*If any of the above are not applicable to your project, explain why:

3. **Optional Seismic Activities:** Indicate and describe any additional seismic measures included in your scope of work beyond the minimum requirements of Chapter A4.

**4. Non-Seismic Activities:**

Will any non-seismic work be conducted at the same time as the retrofit?  NO  YES\*

\* Clearly describe non-seismic work to be conducted concurrently with the retrofit under a separate permit. **If the building is more than 45 years old, include Plans, Schematics, and Photographs for EHP Review as a separate attachment.**

**5. Permit Applicant/Engineer's Certification:**

My signature below confirms the following:

- The description above includes all work that will be conducted during or concurrently with the seismic retrofit of this property.
- If any non-seismic or non-reimbursable work is planned, it will be covered under separate permit(s).
- Any changes to this scope of work will be submitted to the SHOP Office using a revised version of this form and updated plans/drawings/pictures as is appropriate **before** any unapproved activities begin. No additional activities will be conducted until design revisions are approved by FEMA and SHOP.
- I/we understand that any activities conducted without SHOP approval prior to SHOP reimbursement and project close-out may result in previously eligible costs being denied reimbursement.

Completed By:  Engineer of Record  Contractor

\_\_\_\_\_  
Signature \_\_\_\_\_ Date

**SHOP STAFF USE ONLY**

Date Received: \_\_\_\_\_ Reviewed by: \_\_\_\_\_ Ext: \_\_\_\_\_

Approved? Y / N Date: \_\_\_\_\_ Application Submitted: \_\_\_\_\_

Comments: \_\_\_\_\_

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