



BUILDING DIVISION

City of Concord

Multi-Family Inspection Program

SELF-CERTIFICATION APPLICATION, AFFIDAVIT OF SELF-INSPECTION, AND CHECKLIST INSTRUCTIONS

Please read the following information carefully and refer to the attached affidavit and checklist for the City of Concord's Self-Certification Program.

Owners of well-maintained multi-family properties with the following characteristics may apply to participate in the Self-Certification Program: no previously identified and uncorrected violations of the Concord Municipal Code, California State Building Code, or California Housing Code; no outstanding citations, inspection or abatement fees; and, possession of a current business license for the complex.

Each owner eligible to participate, or his/her designee, must conduct an inspection of all rental units, the exterior and site. The responsible party must then: certify that conditions at the property meet or exceed the interior, exterior, and site standards listed on the **Self-Certification Checklist**; complete the **Self-Certification Application** and **Affidavit of Self-Inspection**. Upon receipt of the completed application and executed affidavit, the City will conduct a random inspection of 25% of the units to verify that the apartment complex meets or exceeds the criteria detailed in the *Self-Certification Checklist*.

NOTE: All fees will be invoiced following completion of the inspection process.

If the complex fails the verification inspection, the owner will be given a 30-day period of time to correct minor violations. Upon re-inspection by the city, if the violations remain uncorrected, the property will not be eligible to participate in the Self-Certification Program and may not reapply until the next fiscal year. Properties that have deferred or improper maintenance will not be allowed to participate in the program.

At all times, the City shall retain the authority to investigate and address all complaints received by the city. If violations are found and corrected within the required time period, the Owner may continue to participate in the Self-Certification Program, provided that the property remains free of substandard conditions.

Change of property ownership: The Self-Certification will transfer to the new property owner. Owners are encouraged to notify the City of change of ownership to avoid receiving billings or other correspondence beyond date of property transfer.

THE CITY RESERVES THE RIGHT TO REFUSE THE SELF-CERTIFICATION OPTION TO PARTICIPANTS THAT OWN MULTI-FAMILY PROPERTIES THAT REMAIN IN NON-COMPLIANCE AND/OR FAILS TO COMPLY WITH ALL OF THE ELIGIBILITY REQUIREMENTS.

Submission Address: Please return the executed Affidavit of Self-Inspection and completed Self-Certification application to the mailing or email address below before the initial inspection of your next inspection cycle:

City of Concord
Building Division,
MFIP
1950 Parkside Drive
MS/51
Concord, CA 94519
MFIP@cityofconcord
.org

Additional Information: Please contact the MFIP staff at (925) 671-3408 or MFIP@cityofconcord.org if you need clarification or further information to facilitate completion of the Self-Certification Checklist or to obtain additional information about the Multi-Family Housing Inspection Program and related documents. All materials may also be viewed at the Permit Center Lobby (Wing D) of the Civic Center, or online at <http://www.cityofconcord.org/MFIP>



BUILDING DIVISION
City of Concord
Multi-family Rental Inspection Program
SELF-CERTIFICATION APPLICATION

Please refer to the Self-Certification Application, Affidavit and Checklist Instructions for important information regarding the submittal and timing required for this application.

APPLICATION DATE: _____

APPLICATION FEE: \$93 non-refundable

No fees are required at the time of submittal

All fees will be invoiced following completion of the inspection process

Please mail or email the completed self-certification application and affidavit of self-inspection to:
 City of Concord
 Building Division, MFIP
 1950 Parkside Drive, MS/51
 Concord, CA 94519
 MFIP @cityofconcord.org

OWNER / AGENT INFORMATION

| | | |
|----------------------------------|--------|--|
| NAME | | <input type="checkbox"/> Owner |
| | | <input type="checkbox"/> Owner's Agent |
| ADDRESS (street number and name) | | |
| CITY | STATE | ZIP |
| TELEPHONE: HOME: | CELL: | BEST TIME TO CALL |
| FAX | E-MAIL | |

MANAGER INFORMATION

| | | |
|----------------------------------|--------|-------------------|
| NAME | | |
| ADDRESS (street number and name) | | |
| CITY | STATE | ZIP |
| TELEPHONE: OFFICE: | CELL: | BEST TIME TO CALL |
| FAX | E-MAIL | |

PROPERTY INFORMATION

| | | |
|---|-------|-----|
| MULTI-FAMILY UNIT COMPLEX NAME | | |
| PROPERTY ADDRESS (street number and name) | | |
| CITY | STATE | ZIP |
| NUMBER OF UNITS | | |

OFFICE USE ONLY

| | | |
|--|--|--------------|
| Current Business License? YES <input type="checkbox"/> NO <input type="checkbox"/> | Finance MFHIP Fee \$_ | (DATE STAMP) |
| Prior Cases? YES <input type="checkbox"/> NO <input type="checkbox"/> | Invoice #_ | |
| Existing Cases? YES <input type="checkbox"/> NO <input type="checkbox"/> | Outstanding Fees? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| | Application Fees? YES <input type="checkbox"/> NO <input type="checkbox"/> | |



BUILDING DIVISION

**City of Concord
Multi-Family Inspection Program**

AFFIDAVIT OF SELF-INSPECTION

This executed affidavit must be returned with your self-certification application. Please refer to the Self-Certification Application, Affidavit and Checklist Instructions for important information regarding the submittal and timing required for this affidavit.

| CERTIFICATION | | | |
|--|-------------------|--|------------|
| APARTMENT COMPLEX NAME | | NUMBER OF UNITS | |
| APARTMENT ADDRESS | | INSPECTION DATE | |
| <input type="checkbox"/> I certify that I or my agent have inspected the aforementioned apartment complex, and that all units, building exteriors, and common areas meet or exceed the minimum criteria established by the City of Concord for the Self-Certification Program. | | | |
| <input type="checkbox"/> I certify that I or my agent was unable to inspect the following units because the tenant(s) refused to allow entry: _____ | | | |
| SIGNER'S NAME (PRINT) | | <input type="checkbox"/> Owner <input type="checkbox"/> Owner's Agent | SIGNATURE* |
| SIGNER'S ADDRESS (street number and name) | | | |
| CITY | | STATE | ZIP |
| TELEPHONE | BEST TIME TO CALL | | |
| FAX | E-MAIL | | |

Please mail or email the executed affidavit and application to:

City of Concord
Building Division, MFIP
1950 Parkside Drive, MS/51
Concord, CA 94519
MFIP @cityofconcord.org

***The signature affixed to this document certifies that the owner or agent has inspected all the units and building exteriors at the property specified and that this property is well maintained as detailed in the Self-Certification Checklist. Any falsification of this document or misrepresentation of the true condition of the property is grounds for dismissal from the self-certification program**



Concord
BUILDING DIVISION

City of Concord
Multi-Family Inspection Program
SELF-INSPECTION CHECKLIST

This Checklist does NOT have to be submitted to the City unless there is pertinent information you wish to relay regarding your self-inspection. The Self-Inspection Checklist is designed to assist owners in determining whether their properties will qualify to participate in the Self-Certification Program. Each item on the checklist must be verified as being in compliance or marked as "Not Applicable". Use the "Comments" section to explain actions taken if you were unable to obtain access to the unit or to relay other information about items checked. Owners should recognize that the Self-Certification Checklist is not all inclusive and that in addition to the items listed below, owners are responsible for ensuring that their apartments are in compliance with applicable provisions of the Concord Municipal Code, California Building Code, and California Housing Code.

| | | |
|------------------------|-------------------|-----------------|
| APARTMENT COMPLEX NAME | | NUMBER OF UNITS |
| INSPECTION DATE | APARTMENT ADDRESS | |

| ITEMS | Compliance | Not Applicable | NOTES |
|---|------------|----------------|-------|
| | Verified | | |
| Exterior and Common Areas/Schedule A | | | |
| Building | | | |
| Foundations are in good solid condition | | | |
| Exterior paint showing no signs of damaging deterioration | | | |
| Exterior walls are free of major cracks and erosion | | | |
| Walkways are safe, free of trip hazards | | | |
| Roofs are in good repair | | | |
| Gutter and downspouts are unclogged and in good condition | | | |
| Staircases are sound and in good condition | | | |
| Guardrails and handrails are in good condition | | | |
| Exterior lighting is in good working order | | | |
| Electrical service panels, meters and enclosures are in good condition | | | |
| Decks and balconies are in good solid condition | | | |
| Chimneys have spark arrestors | | | |
| Doors and Locks | | | |
| Solid core exterior doors are installed | | | |
| Entry doors are equipped with deadbolt locks and passage door locks with deadlocking latches. All locks work. | | | |
| All exterior doors open and shut properly | | | |
| Sliding patio doors work properly including all locking and latching mechanisms | | | |

| ITEMS | Compliance Verified | Not Applicable | NOTES |
|--|---------------------|----------------|-------|
| Landscaping and Grounds | | | |
| The property landscaping is being properly maintained | | | |
| Storm drains are clear of debris and in good condition | | | |
| Property is free of discarded items, miscellaneous junk and debris | | | |
| Fire Extinguisher(s) | | | |
| Fire Extinguishers are provided and installed according to the State Fire and Safety Codes | | | |
| Each extinguisher has been tagged and serviced by a state licensed contractor within the last year and after each use | | | |
| Exiting | | | |
| Exits are clear and unobstructed all the way to the public right of way | | | |
| All "EXIT" signs and exit lighting is in working order | | | |
| The area on and beneath exit stairs is clear of material | | | |
| Fire doors are operable and in good condition | | | |
| Garbage/Recycling Materials | | | |
| Garbage service and sufficient garbage containers are provided on site | | | |
| All unsanitary garbage bins have been cleaned and/or replaced | | | |
| Garbage receptacles are stored in proper enclosures | | | |
| Fences and Gates | | | |
| Property fences and gates are in good working condition | | | |
| Laundry Rooms | | | |
| Interiors are clean and facilities are maintained in good condition | | | |
| Pools | | | |
| Swimming pool gates and enclosures are in compliance | | | |
| Swimming pool is clean | | | |
| Contact Contra Costa County Environmental Health Department for regulations and codes. Pool Inspection Program (925)692-2500 | | | |
| Parking | | | |
| Driveways and parking areas are in good condition | | | |
| Carports are in good condition | | | |
| Sewer | | | |
| Cleanout lines are unobstructed and in good condition | | | |
| Interior/Schedule B | | | |
| Kitchen | | | |
| Floor covering is free of trip hazards | | | |
| Electrical outlets are functional and have cover plates | | | |
| GFCI's properly installed and in working condition | | | |
| Light switches function and have cover plates | | | |
| Overhead lighting is operational and in good repair | | | |

| ITEMS | Compliance Verified | Not Applicable | NOTES |
|--|---------------------|----------------|-------|
| Windows and windowpanes are intact, unbroken and not cracked | | | |
| Windows are equipped with proper locking devices | | | |
| Windows with screens are in good condition | | | |
| Stove burners and oven works safely with functioning door and knobs that turn completely off and on | | | |
| Gas stove is free of gaseous orders <i>Immediately report gas leaks or gaseous orders to PG&E 800.743.5000</i> | | | |
| Stove hood/filter and fan are working properly | | | |
| The garbage disposal is in good working order | | | |
| The kitchen sink and faucets drain properly and are free from leakage | | | |
| Living Room | | | |
| Floor covering is free of trip hazards | | | |
| Electrical outlets are functional and have cover plates | | | |
| Light switches function and have cover plates | | | |
| Windows and windowpanes are intact, unbroken and not cracked | | | |
| Windows are equipped with proper locking devices | | | |
| Window screens are in good condition | | | |
| Smoke Detectors/Hallways and Bedrooms | | | |
| 10 year sealed unit type smoke detectors are installed in hallways and sleeping rooms | | | |
| All smoke detectors are in working order | | | |
| To insure that smoke detectors are in good working order it is recommended that they are inspected annually by the owner/or on-site manager will keep in unit file documentation that states the date the smoke detectors were last serviced and if possible the signature of the resident, along with the maintenance personnel and owner/or on-site manager. In addition to installing smoke detectors, it is required on each level that at least one carbon monoxide detector be installed in each residential unit. | | | |
| Date Inspected: | | | |
| Inspector's Signature and Title: | | | |
| Resident Signature: | | | |
| Bedroom I | | | |
| Floor covering is free of trip hazards | | | |
| Electrical outlets are functional and have cover plates | | | |
| Light switches function and have cover plates | | | |
| Windows and windowpanes are intact, unbroken and not cracked | | | |
| Windows are equipped with proper locking devices | | | |
| Window screens are in good condition | | | |
| Egress windows are operable, open completely and are not blocked by furniture or other items. | | | |

| ITEMS | Compliance Verified | Not Applicable | NOTES |
|--|---------------------|----------------|-------|
| Note: If there are bedroom window bars they are correctly installed and have the required quick release mechanisms approved by the Contra Costa Fire District (925) 941-3300 | | | |
| Bedroom II | | | |
| Floor covering is free of trip hazards | | | |
| Electrical outlets are functional and have cover plates | | | |
| Light switches function and have cover plates | | | |
| Windows and windowpanes are intact, unbroken and not cracked | | | |
| Windows are equipped with proper locking devices | | | |
| Window screens are in good condition | | | |
| Egress windows are operable, open completely and not blocked | | | |
| Note: If there are bedroom window bars they are correctly installed and have the required quick release mechanisms approved by the Contra Costa Fire District (925) 941-3300 | | | |
| Bedroom III | | | |
| Floor covering is free of trip hazards | | | |
| Electrical outlets are functional and have cover plates | | | |
| Windows and windowpanes are intact, unbroken and not cracked | | | |
| Windows are equipped with proper locking devices | | | |
| Window screens are in good condition | | | |
| Egress windows are operable, open completely and not blocked | | | |
| Note: If there are bedroom window bars they are correctly installed and have the required quick release mechanisms approved by the Contra Costa Fire District (925) 941-3300 | | | |
| Bathroom I | | | |
| Floor covering is free of trip hazards | | | |
| Electrical outlets are functional and have cover plates | | | |
| Light switches function and have cover plates | | | |
| Overhead lighting is operational and in good repair | | | |
| GFCI's properly installed and in working condition | | | |
| Windows and windowpanes are intact, unbroken and not cracked | | | |
| Windows are equipped with proper locking devices | | | |
| Window screens are in good condition | | | |
| The ceiling exhaust fan is in good working condition | | | |
| The sink, bathtub and toilets drain properly and are free of leaks including faucet handles | | | |
| The toilet is secure | | | |
| The sinks, bathtubs/or shower surrounds are in good condition | | | |
| Light fixtures are secure and in working order | | | |
| Towel bars and accessories are secure | | | |

| ITEMS | Compliance Verified | Not Applicable | NOTES |
|---|---------------------|----------------|-------|
| Bathroom II | | | |
| Floor covering is free of trip hazards | | | |
| Electrical outlets are functional have cover plates | | | |
| Light switches function and have cover plates | | | |
| Overhead lighting is operational and in good repair | | | |
| GFCI's properly installed and in working condition | | | |
| Windows and windowpanes are intact, unbroken and not cracked | | | |
| Windows are equipped with proper locking devices | | | |
| Window screens are in good condition | | | |
| The ceiling exhaust fan is in good working condition | | | |
| The sink, bathtub and toilets drain properly and are free of leaks including faucet handles | | | |
| The toilet is secure | | | |
| The sinks, bathtubs/or shower surrounds are in good condition | | | |
| Light fixtures are secure and in working order | | | |
| Towel bars and accessories are secure | | | |
| Other Important Items | | | |
| Electrical System Requirements | | | |
| The unit has no exposed or bare, live, spliced or otherwise unsafe/hazardous wiring | | | |
| Use of extension cords and electrical adapters are not overloading the circuit | | | |
| If the building was constructed in 1960 or earlier: The fuses in the panel box that serves each unit is rated at least 15 amps | | | |
| <i>Note: If the fuses are greater than 15 amps and the unit was built in 1960 or before, an electrical danger is present unless the wiring has been updated. The City strongly recommends that you contact an electrician if you are not sure about the proper fuses for the building or units.</i> | | | |
| Sub-panels are labeled and breakers are in proper working condition | | | |
| Plumbing and Mechanical Requirements | | | |
| Electrical or gas heaters are functioning properly Note: If there is a high-pressure gas boiler system (not the water heater), the boiler heating system is in proper working condition (CC Pamphlet pg.) | | | |
| The water heater is in working order supplying water at a minimum of 120°F | | | |
| The water heater has a working temperature and pressure relief valve including a proper drain line on the pressure relief valve | | | |
| The water heater is properly strapped | | | |
| Gas lines have shut off valves at the appliance connection All service gas lines are free of leaks <i>If you smell gaseous order report immediately to PG&E 800.743.5000</i> | | | |
| The vent pipes that serve gas heating appliances are terminated above the roofline with vent caps (Direct vent heaters are exempt) | | | |

| ITEMS | Compliance Verified | Not Applicable | NOTES |
|--|---------------------|----------------|-------|
| Mold | | | |
| There is no visible mold in the unit Information: If mold is found, assess the situation by remedying the water intrusion problem and by cleaning and/or using a professional mold abatement company to refinish all deteriorated surfaces. If mold is determined to be resident caused, due to not ventilating properly, the City of Concord recommends that you give your tenants a Mold Notification Addendum to add to your rental agreement. This addendum should inform residents about mold and their responsibilities to prevent mold growth and how to inform the owner of possible water intrusion within the unit. | | | |
| Vector (insects, rodents and other pest) | | | |
| Property is free of infestations | | | |

| COMMENTS |
|----------|
| |