

Recorded at the request of and mail to:

(Name)

(Address)

(City, State, & Zip)

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Date of Recording:

**AFFIDAVIT OF IMPACT HAZARD GLAZING:  
(DIV.54 – ORDINANCE 161,415)**

(Pre-printed text shall not be changed except when done by an authorized Building and Safety employee.)

*{Applies to the following occupancies when permits are issued for alteration, repair or additions}*

1. Group R, Division 3 occupancy with a permit valuation of \$10,000 or more per unit.
2. Group R, Division 1 occupancy with a permit valuation of \$3,000 or more per dwelling unit and/or guestroom.
3. To an individual unit of Group R, Division 1 occupancy townhouse or condominium with a permit valuation of \$10,000 or more for that individual unit.

I(We), \_\_\_\_\_, the owner(s) of record for  
(Owner's Name)

\_\_\_\_\_ Los Angeles, CA \_\_\_\_\_  
(Address of Building)

Do hereby swear under penalty of perjury that : The existing glazing of the glass in every fixed and sliding glass panels of sliding-type doors, other than wardrobe doors, in the residential portion of the building either complies with the impact hazard glazing requirements pursuant to Section 91.6101 of the Los Angeles Municipal Code, or prior final inspection of this work under this permit shall be replaced with approved impact hazard glazing pursuant to Section 91.6101 of the Los Angeles Municipal Code.

CARTOGRAPHER'S USE ONLY	Owner's Name(s) _____ (Please type or print)	_____ (Please type or print)
	Owner's Signature(s) _____	_____ (sign)
	Two Officers' Signatures Required for Corporations _____	_____ (sign)
	Name of Corporation _____	
	Dated this _____ day of _____ 20 _____	

**SIGNATURES MUST BE NOTARIZED**

(STATE OF CALIFORNIA, COUNTY OF \_\_\_\_\_)

On \_\_\_\_\_ before me, \_\_\_\_\_,  
personally appeared \_\_\_\_\_, who proved  
to me on the basis of satisfactory evidence to be the person(s) whose names(s) is/are subscribed to the within instrument and  
acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s)  
on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature \_\_\_\_\_ (Seal)

**FOR DEPARTMENT USE ONLY**

MUST BE APPROVED BY the Dept. of Building and Safety prior to recording

Covenant for City Department \_\_\_\_\_  
To be completed for City owned property only.

APPROVED BY: \_\_\_\_\_ Date: \_\_\_\_\_