CALIFORNIA RESIDENTIAL MITIGATION PROGRAM

EARTHQUAKE MULTI-UNIT SEISMIC DESIGN CRITERIA VERIFICATION FORM

OWNER AND ADDRESS OF THE SUBJECT BUILDING

Building owner's name (matching name on permit):			
Street Address:	City:	State: CA	ZIP Code:

COMPLIANCE WITH CRMP EARTHQUAKE MULTI-UNIT RETROFIT (EMR) RULES

The calculations and construction documents prepared for the subject building and submitted for permit meet or exceed the requirements of the following:

1. The requirements of the local seismic soft-story retrofit ordinance ☐ Yes ☐ No

AND

2. One of the following seismic design standards as required by the CRMP EMR rules (select one):

   ☐ International Existing Building Code (IEBC) Chapter A4

   ☐ ASCE 41

   ☐ FEMA P-807

DESIGN PROFESSIONAL INFORMATION

Civil or Structural Engineer, or Architect

Business or Organization Name:		Phone #:	
Street Address:	City:	State: CA	ZIP Code:
License Number (California registration only):	Professional Title or Designation, if any:		
Design Professional Signature:	Date:		

This form must be completed and signed by the design professional of record for the project and uploaded to the EMR dashboard for processing. Please note that failure to comply with the EMR rules may result in denial of the grant payment.