



## UC Davis Health Residential Sound Program (RSP)

### APPLICATION

---

#### CONTACT AND MAILING INFORMATION

HOMEOWNER NAME(S): \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, ST, Zip

HOME PHONE: \_\_\_\_\_ MOBILE PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

#### PROPERTY INFORMATION

PROPERTY ADDRESS:	
<b>General Information About Your Property</b>	
Single Family: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Multifamily: <input type="checkbox"/> Yes <input type="checkbox"/> No	If "yes" number of units:
Number of Floors:	
Type of HVAC (heating, ventilation, and air-conditioning):	
Central <input type="checkbox"/> Wall-Mounted <input type="checkbox"/> Thru-Wall <input type="checkbox"/> Thru-Window <input type="checkbox"/>	
Known Building Code violations: <input type="checkbox"/> Yes <input type="checkbox"/> No	



If "yes" describe the violations:

*(Examples of Code violations include missing smoke and carbon monoxide alarms, unstrapped water heaters, exposed electrical wiring, etc.)*

Unpermitted renovations or additions: \_\_\_ Yes \_\_\_ No

If "yes" describe the renovations/additions:

*(This may include areas added to your home prior to your ownership where the permit status is unknown.)*

#### **Information About Bedrooms and Rooms Used for Sleeping**

Number of bedrooms:

Number of non-bedrooms used for sleeping purposes:

Total number of windows in the bedrooms:

Total number of doors from the bedrooms to the exterior:

Total number of windows in non-bedrooms used for sleeping:

Total number of doors from the non-bedrooms used for sleeping to the exterior:

---

Homeowner Signature

---

Homeowner Signature

---

Date

---

Date

*Mailed applications to be sent to:*  
UCDH RSP  
c/o CSDA Design Group  
364 Bush Street, 2<sup>nd</sup> Floor  
San Francisco, CA 94104

*Emailed applications to be sent to:*  
residentialsoundprogram@health.ucdavis.edu