



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:			
General Information About Your Property			
Single Family: ___ Yes ___ No			
Multifamily: ___ Yes ___ No	If "yes" number of units:		
Number of Floors:			
Type of HVAC (heating, ventilation, and air-conditioning): Central ___ Wall-Mounted ___ Thru-Wall ___ Thru-Window ___			
Known Building Code violations: ___ Yes ___ No			

UCDAVIS HEALTH

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, 2nd Floor

San Francisco, CA 94104