



FORM-062

Soft, Weak, or Open Front Wall Line (SWOF) Inventory Screening Form

For Existing Wood-framed Buildings with SWOF Wall Lines

This screening form is intended for owners of buildings identified as having potential characteristics of a soft, weak, or open-front (SWOF) wall line to confirm and update information contained in the initial SWOF inventory. A notification letter identifying a building as having potential SWOF characteristics was sent through U.S. Mail to the property owner based on Los Angeles County Assessor's records. Complete and return this form to help City staff finalize the SWOF inventory.

This form shall be used for the following:

1. Confirm information in the initial SWOF inventory (Section 1).
2. Identify inaccuracies or incorrect information (Section 1).
3. Request removal of a building from the SWOF inventory where the identified building previously underwent permitted strengthening work complying with Long Beach Municipal Code Chapter 18.70 or as approved by the Building Official (Section 2).

Any building having undergone previous permitted strengthening determined to be acceptable by the Building Official will be removed from the SWOF inventory and notification will be provided to the property owner. A request to remove a building from the SWOF inventory may be submitted where a licensed professional (e.g., Civil Engineer, Structural Engineer or Architect) determines the building does not have characteristics of a SWOF wall line. Any such request shall be submitted by a licensed professional on Form-063, Soft, Weak, or Open Front Wall Line (SWOF) Inventory Request for Removal Form developed by the Building and Safety Bureau and shall be accompanied by justification, including but not limited to construction drawings/blueprints or calculations.

For properties with multiple buildings identified in the inventory as having potential SWOF wall lines, please complete and submit a screening form for each identified building to the Bureau.

This form shall be completed by the property owner or authorized representative and submitted by mail, no later than **November 30, 2024**, to the City of Long Beach – Building and Safety Bureau, ATTN: Seismic Program, 411 West Ocean Boulevard, 2nd Floor, Long Beach, CA. 90802, or by email to SeismicProgram@longbeach.gov. Information provided on this form will be used to confirm and update our SWOF inventory. The inventory list will be finalized and will be publicly available on or after **December 31, 2024**.

Additional information about the Building Seismic Resiliency Program can be found at:

www.longbeach.gov/seismicprogram/.

Section 1: Building and Owner Information Verification

This section shall be completed for all SWOF buildings.

Building Information*

Complete the information below

Parcel Number:		Year Built:	
Building Address:			
Number of Units:		Number of Stories above grade:	
Is there tuck-under parking or large openings?	YES <input type="checkbox"/> NO <input type="checkbox"/> PARTIAL <input type="checkbox"/>		

*Each individual building identified as SWOF requires a separate screening form.

Owner Information

Complete the information below

Owner Name:			
Mailing Address:			
City, State:		ZIP Code:	
Phone:		Email:	

Is the inventory information provided in the SWOF notification letter correct? Yes No

If 'NO', please summarize below any incorrect information provided in the SWOF notification letter that may require revision to the City of Long Beach's SWOF inventory.

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Section 2: Previously Permitted SWOF Strengthening

This section shall be completed where a previously permitted Seismic Strengthening has been completed.

Indicate the building permit number and the date/year of permit issuance:

Permit number: _____ Issuance date: _____

Please attach supporting documentation, such as a permit record, certificate of occupancy, or other documentation for review by the Building and Safety Bureau.

The Building Official will confirm previous strengthening complies with LBMC 18.70. If determined to be acceptable, the building will be removed from the SWOF inventory and notice will be sent to the property owner. Additional justification provided by a licensed professional may be required to assist the Building Official in making this determination.

Owner or Authorized Agent Acknowledgement

I hereby affirm, to the best of my knowledge, under penalty of perjury that the above information is true, accurate, and complete.

Print Name

Signature

Date