



FORM-063

Soft, Weak, or Open Front Wall Line (SWOF) Inventory Request for Removal

For Existing Wood-framed Buildings with SWOF Wall Lines

Buildings that have been identified as having characteristics of a Soft, Weak, or Open-front (SWOF) wall line are included in the SWOF inventory. A request to remove a building from the SWOF inventory may be made by submitting this completed form to the Long Beach Building and Safety Bureau.

Removal of a building from the SWOF inventory may be considered where one of the following actions is completed:

1. A permit is obtained and strengthening of the building completed as defined in Long Beach Municipal Code Section 18.70 to eliminate the SWOF condition(s) (Section 1).
2. Structural analysis by a licensed professional is submitted indicating that the building does not possess characteristics of a SWOF wall line, as defined in Long Beach Municipal Code Section 18.70 (Section 2).

For a building to be considered for removal from the SWOF inventory, this form must be completed by a licensed professional (e.g., Civil Engineer, Structural Engineer, or Architect), licensed in the State of California. The form shall also be signed by the property owner or authorized representative to acknowledge the submittal of this request.

For properties with multiple buildings identified in the inventory as having potential SWOF wall lines, a separate request for removal form shall be submitted to the Bureau for each building.

This form shall be completed and submitted by mail 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. All requests for removal from the SWOF inventory will be reviewed for acceptance by city staff and notification of approval of the request will be provided to the property owner.

Additional information about the Building Seismic Resiliency Program can be found at:
www.longbeach.gov/seismicprogram/

Building and Owner Information

Complete the information below

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

Section 1: Completion of Permitted SWOF Strengthening

Has this building been strengthened per LBMC 18.70 to eliminate an identified SWOF condition(s)*?
Yes No

If 'YES', please provide the building permit number and date of building final inspection.

The building may be removed from the SWOF inventory list by providing supporting documentation such as a completed inspection card, certificate of occupancy or other similar record for review by the Bureau.

*Where a building was previously permitted to eliminate a SWOF condition(s), the Building Official will determine if previous strengthening complies with LBMC 18.70. Additional justification provided by a licensed professional may be required to assist the Building Official in making this determination.

Section 2: Buildings Not Possessing SWOF Characteristics

1. Was the original permit for construction of the building applied for prior to **October 23, 1978**?
Yes No
2. Is the lowest story of the building wood-framed? (This includes wood-framed cripple walls constructed on top of masonry and/or concrete walls).
Yes No

3. Does the building have a Soft, Weak, or Open-Front (SWOF) wall line(s) on the lowest floor of wood construction?

Yes No

If any of the questions 1 through 3 above are marked “No”: The building may be removed from the SWOF inventory list by providing justification such as drawings, reports and structural calculations for review by the Bureau.

Design Professional

Under penalty of perjury, I certify that the information provided in this form is based on my professional review of the building and its records, or review by others acting under my direct supervision, and is correct to the best of my knowledge.

Date Stamped and Signed

Design Professional Name

Design Professional Telephone

Design Professional Email

(Sign and Stamp)

Owner or Authorized Agent Acknowledgement

I hereby affirm under penalty of perjury that I am the property owner or authorized agent for the address listed above and acknowledge understanding of this request for removal of my building from the SWOF inventory.

Print Name

Signature

Date