



RECEIVED

13 NOV 21 AM 10:30

Department of Public Works
Office of the City and County Surveyor

1155 Market Street, 3rd Floor
San Francisco, CA 94103

Edwin M. Lee, Mayor
Mohammed Nuru, Director

Fuad S. Sweiss, PE, PLS,
City Engineer & Deputy Director of Engineering

Bruce R. Storrs, City and County Surveyor

TENTATIVE MAP DECISION

2013.1195@NW

Date: August 19, 2013

Department of City Planning
1650 Mission Street, Suite 400
San Francisco, CA 94103

Project ID: 7734			
Project Type: 6 Unit Condominium Conversion			
Address#	Street Name	Block	Lot
17	ASHBURY ST	1188	001
Tentative Map Referral			

Attention: Mr. Scott F. Sanchez

The subject Tentative Map has been reviewed by the Planning Department and does comply with applicable provisions of the Planning Code. On balance, the Tentative Map is consistent with the General Plan and the Priority Policies of Planning Code Section 101.1 based on the attached findings. The subject referral is exempt from environmental review per Class 1 California Environmental Quality Act Guidelines.

X

The subject Tentative Map has been reviewed by the Planning Department and does comply with applicable provisions of the Planning Code subject to the following conditions (Any requested documents should be sent in with a copy of this letter to Scott F. Sanchez at the above address): SEE ATTACHED NOTICE OF SPECIAL RESTRICTIONS.

The subject Tentative Map has been reviewed by the Planning Department and does not comply with applicable provisions of the Planning Code. Due to the following reasons (Any requested documents should be sent in with a copy of this letter to Scott F. Sanchez at the above address):

Enclosures:

- Application
- Print of Tentative Map

Sincerely,

Bruce R. Storrs
Bruce R. Storrs, P.L.S.
City and County Surveyor

PLANNING DEPARTMENT

DATE 11.19.13

[Signature]
C. LAMORENA
FOR Mr. Scott F. Sanchez, Zoning Administrator

NOTICE OF SPECIAL RESTRICTIONS UNDER THE PLANNING CODE

RECORDING REQUESTED BY:)

And When Recorded Mail To:)

Name: 17 Ashbury HOA)
% Rose Merryman)

Address: 17 Ashbury Street, #3)

City: San Francisco)

State: California 94117)

CONFORMED COPY of document recorded
11/13/2013, 2013J782827
on _____ with document no. _____
This document has not been compared with the original
SAN FRANCISCO ASSESSOR-RECORDER

Space Above this Line For Recorder's Use

I (We) Karen Petrocchi, Dante Petrocchi, Ilse Larsen,
Rose Merryman, Steven Mopkinson, Mary Hanlon,
Yoshi Tamme, Jozsy Smesik the owner(s) of that
certain real property situated in the City and County of San Francisco, State of California more
particularly described as follows:

(PLEASE ATTACH THE LEGAL DESCRIPTION AS ON DEED)

**BEING ASSESSOR'S BLOCK: 1188; LOT: 001,
COMMONLY KNOWN AS: 17 ASHBURY ST.**

hereby give notice that there are special restrictions on the use of said property under Part II, Chapter II of the San Francisco Municipal Code (Planning Code).

Said Restrictions consist of conditions attached to the approval of Condominium Conversion Application No. 2013.1195Q by the Planning Department as a referral from the Department of Public Works, Bureau of Street-Use and Mapping, Project ID: 7734.

The tentative map filed with the present application indicates that the subject building at 17 Ashbury Street is a six-unit building located in a RH-3 (Residential, House, Three-Family) Zoning District. Within the RH-3 Zoning District, a maximum of three dwelling units can be considered legal and conforming to the Planning Code. The remaining three units must be considered a legal, nonconforming dwelling units.

The restrictions and conditions of which notice is hereby given are:

- 1. That three of the dwelling units shall be designated as nonconforming dwelling units if and when any future expansion occurs. Section 181 of the Planning Code provides that a nonconforming use, and any structure occupied by such a use shall not be enlarged,

NOTICE OF SPECIAL RESTRICTIONS UNDER THE PLANNING CODE

intensified, extended or moved to another location, unless the result will be the elimination of the non-conforming use with exceptions outlined under Section 181(b) of the Code.

2. That the remaining three dwelling units shall remain legal and conforming, subject to all of the restrictions of the Code, and any other applicable City Codes. In case of conflict, the more restrictive City Code shall apply.
3. Minor modifications as determined by the Zoning Administrator may be permitted.
4. The property owner(s) shall record a copy of these conditions with the Office of the Recorder of the City and County of San Francisco as part of the property records for the block and lot identified above.

The use of said property contrary to these special restrictions shall constitute a violation of the Planning Code, and no release, modification or elimination of these restrictions shall be valid unless notice thereof is recorded on the Land Records by the Zoning Administrator of the City and County of San Francisco.

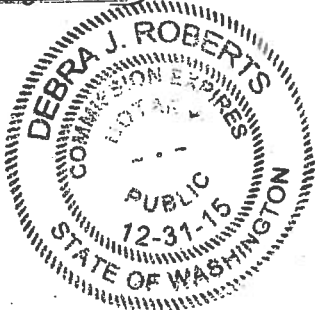
Dated: Nov 13, 2013 at San Francisco, California.

See Attached
Acknowledgement

KING COUNTY, STATE OF WASHINGTON

On 11/13/13 before me, the undersigned, a notary public in and for said County and State, personally appeared Yoshio Inoue (#2) proved to me on the basis of satisfactory evidence to be the person(s) whose name is/are subscribed to this instrument and acknowledged that he/she executed the same.

Debra J. Roberts NOTARY PUBLIC



[Signature]
(Owner's Signature)

(#2)
[Signature]
(Owner's Signature)

(#1) Plan Petroch
(Owner's Signature)

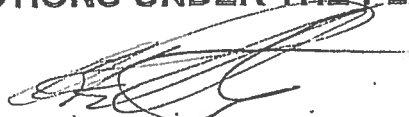
[Signature]
(Owner's Signature)

[Signature]
(Owner's Signature)

[Signature]
(Owner's Signature)

Steven McPherson
(Owner's Signature)

NOTICE OF SPECIAL RESTRICTIONS UNDER THE PLANNING CODE



Please see attached page
for Acknowledgement/Jurat

(Owner's Signature)

(Agent's Signature)

This signature(s) must be acknowledged by a notary public before recordation; add Notary Public Certification and Official Notarial Seal.

California All-Purpose Acknowledgment Form

State of California
City & County of San Francisco } S.S.

On 31 Oct 2013, before me,

- Andrew F. Albright -, Notary Public, personally appeared:

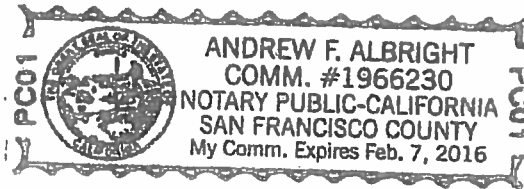
- Mary J. Gomez -, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under penalty of perjury under the laws of the State of California that the foregoing paragraph is true and correct.

Witness my hand and official seal.



Notary Public



OPTIONAL:

Attached Document: Notice
Document Date: - Number of pages: two-2
Capacity claimed by signer: owner
Signer is representing: -

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

State of California

County of SAN FRANCISCO

On 11/09/2013

Date

before me,

P. MOON, NOTARY PUBLIC

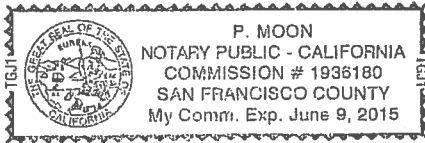
Here Insert Name and Title of the Officer

personally appeared

KAREN LYNN PETROCCHI

Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.



I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature:

[Handwritten Signature]

Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: NOTICE OF SPECIAL RESTRICTIONS UNDER THE PLANNING ACT

Document Date: 11/09/2013 Number of Pages: 2

Signer(s) Other Than Named Above: NONE

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

Corporate Officer -- Title(s): _____

Individual _____

Partner -- Limited General _____

Attorney in Fact _____

Trustee _____

Guardian or Conservator _____

Other: _____

Signer Is Representing: _____

RIGHT THUMBPRINT OF SIGNER Top of thumb here

RIGHT THUMBPRINT OF SIGNER Top of thumb here

Signature page and certificate bear embossment.

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

State of California

County of San Francisco

On 11/9/2013
Date

before me,

Travis Perrine
Here Insert Name and Title of the Officer

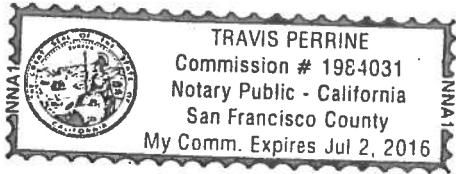
personally appeared

Ilse Larson
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature: _____

[Handwritten Signature]
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

Corporate Officer — Title(s): _____

Individual

Partner — Limited General

Attorney in Fact

Trustee

Guardian or Conservator

Other: _____

Signer Is Representing: _____



Signer's Name: _____

Corporate Officer — Title(s): _____

Individual

Partner — Limited General

Attorney in Fact

Trustee

Guardian or Conservator

Other: _____

Signer Is Representing: _____



CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

State of California

County of San Francisco

On 11/9/2013

before me,

Travis Perrine

Here Insert Name and Title of the Officer

personally appeared

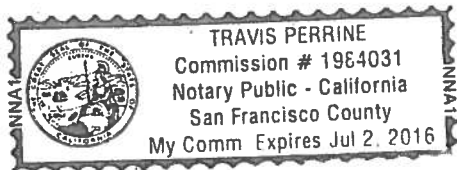
Jozef Bencsik

Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature: [Handwritten Signature]
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document:

Special Consideration under Allen's (or Restrictor)

Document Date:

Number of Pages:

Signer(s) Other Than Named Above:

Capacity(ies) Claimed by Signer(s)

Signer's Name:

Signer's Name:

Corporate Officer — Title(s):

Corporate Officer — Title(s):

Individual

Individual

Partner — Limited General

Partner — Limited General

Attorney in Fact

Attorney in Fact

Trustee

Trustee

Guardian or Conservator

Guardian or Conservator

Other: _____

Other: _____

Signer Is Representing: _____

Signer Is Representing: _____



CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

State of California

County of SAN FRANCISCO

On 11/09/13 before me, EVAN ASHER, NOTARY PUBLIC
(Here insert name and title of the officer)

personally appeared Rose Merryman & Steven P. Morkerson

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) ~~is~~ are subscribed to the within instrument and acknowledged to me that ~~he/she~~ they executed the same in ~~his/her~~ their authorized capacity(ies), and that by ~~his/her~~ their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

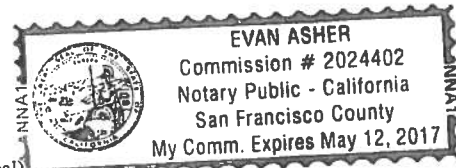
I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature of Notary Public

(Notary Seal)



ADDITIONAL OPTIONAL INFORMATION

INSTRUCTIONS FOR COMPLETING THIS FORM

Any acknowledgment completed in California must contain verbiage exactly as appears above in the notary section or a separate acknowledgment form must be properly completed and attached to that document. The only exception is if a document is to be recorded outside of California. In such instances, any alternative acknowledgment verbiage as may be printed on such a document so long as the verbiage does not require the notary to do something that is illegal for a notary in California (i.e. certifying the authorized capacity of the signer). Please check the document carefully for proper notarial wording and attach this form if required.

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. ~~he/she/they~~, is /are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- Signature of the notary public must match the signature on file with the office of the county clerk.
 - ❖ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
 - ❖ Indicate title or type of attached document, number of pages and date.
 - ❖ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document

DESCRIPTION OF THE ATTACHED DOCUMENT

(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages _____ Document Date _____

(Additional information)

CAPACITY CLAIMED BY THE SIGNER

- Individual (s)
 Corporate Officer

(Title)

- Partner(s)
 Attorney-in-Fact
 Trustee(s)
 Other _____

ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of Sacramento } SS.

On 11/09/2013, before me, RAJU SOOD, Notary Public,

personally appeared Dante Virgil Petrocchi, who proved to me on the

basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s); or the entity upon behalf of which the person(s) acted, executed the instrument.



I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

[Signature]
NOTARY'S SIGNATURE

PLACE NOTARY SEAL IN ABOVE SPACE

OPTIONAL INFORMATION

The information below is optional. However, it may prove valuable and could prevent fraudulent attachment of this form to an unauthorized document.

CAPACITY CLAIMED BY SIGNER (PRINCIPAL)

- INDIVIDUAL
- CORPORATE OFFICER _____ TITLE(S)
- PARTNER(S)
- ATTORNEY-IN-FACT
- TRUSTEE(S)
- GUARDIAN/CONSERVATOR
- OTHER: _____

DESCRIPTION OF ATTACHED DOCUMENT

TITLE OR TYPE OF DOCUMENT

NUMBER OF PAGES

DATE OF DOCUMENT

OTHER

SIGNER (PRINCIPAL) IS REPRESENTING:

NAME OF PERSON(S) OR ENTITY(IES)

RIGHT THUMBPRINT OF SIGNER

