

NOTICE OF SPECIAL RESTRICTIONS UNDER THE PLANNING CODE

RECORDING REQUESTED BY

And When Recorded Mail To:

Name: Emily Fancher

Address: 303 Lake St.

City: San Francisco

State: CA **ZIP:** 94118

CONFORMED COPY of document recorded

11/08/2017, 2017K536307

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) Alex Lath, Emily Fancher, Alan Maloney, Esca Maloney,
Hsi-Hsi Yang, Rafael Solis, Deanna Johnston, Ramsey Lubat,
Jennifer Kasinsky

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: (or see attached sheet marked "Exhibit A" on which property is more fully described):

BEING ASSESSOR'S BLOCK: 1364; LOT: 001;

COMMONLY KNOWN AS: 301-311 LAKE STREET;

hereby give notice that there are special restrictions on the use of said property under the Planning Code.

Said Restrictions consist of conditions attached to the approval of Condominium Conversion Application No. 2017-007135CND by the Planning Department as a referral from the Department of Public Works, Bureau of Street-Use and Mapping, Project ID: 9367.

The tentative map filed with the present application indicates that the subject building at 301-311 Lake Street is a six-unit building located in a RH-2 (Residential, Housing, Two Family) Zoning District. Within the RH-2 Zoning District, a maximum of two dwelling units can be considered legal and conforming to the Planning Code. The remaining four units must be considered a legal, nonconforming dwelling units.

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

1. That four 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, 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.

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2. That the remaining two 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; except that in the event that the zoning standards above are modified so as to be less restrictive and the uses therein restricted are thereby permitted and in conformity with the provisions of the Planning Code, this document would no longer be in effect and would be null and void.

Emily Fancker Emily Fancker
(Signature) (Printed Name)

Dated: Oct. 22, 2017 at San Francisco, California.
(Month, Day) (City)

[Signature] ALAN M MALONEY
(Signature) (Printed Name)

Dated: Oct 22, 2017 at San Francisco, California.
(Month, Day) (City)

[Signature] SUSAN MALONEY
(Signature) (Printed Name)

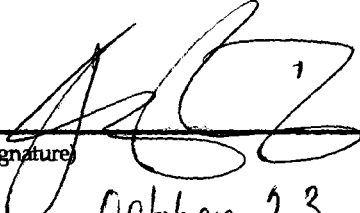
Dated: Oct 23, 2017 at SAN FRANCISCO, California.
(Month, Day) (City)

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

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(Signature) _____
Jennifer Pasinosky
(Printed Name) _____
Dated: October 23, 2017 at San Francisco, California.
(Month, Day) (City)

(Signature) (Printed Name) _____
Dated: _____, 20____ at _____, California.
(Month, Day) (City)

(Signature) (Printed Name) _____
Dated: _____, 20____ at _____, California.
(Month, Day) (City)

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CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)
County of San Francisco)
On October 23, 2017 before me, Clifton Tam, Notary Public
Date Here Insert Name and Title of the Officer
personally appeared Susan Maloney and Jennifer Pasinosky
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 [Signature]
Signature of Notary Public



Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document
Title or Type of Document: Notice of Special Restrictions Under the Planning Code Document Date 10/23/17
Number of Pages: 3 Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)
Signer's Name: _____
 Corporate Officer — Title(s): _____
 Partner — Limited General
 Individual Attorney in Fact
 Trustee Guardian or Conservator
 Other: _____
Signer Is Representing: _____

Signer's Name: _____
 Corporate Officer — Title(s): _____
 Partner — Limited General
 Individual Attorney in Fact
 Trustee Guardian or Conservator
 Other: _____
Signer Is Representing: _____

ACKNOWLEDGMENT

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State of California

County of SAN FRANCISCO

On 10/22/2017 before me, JOHN MINJIRAS, ^{NOTARY} Public
JOSE RAFAEL SOLIS, (insert name and title of the officer)

personally appeared EMILY FRANCHER, ALAN MALONEY
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

John Minjiras

(Seal)



ACKNOWLEDGMENT

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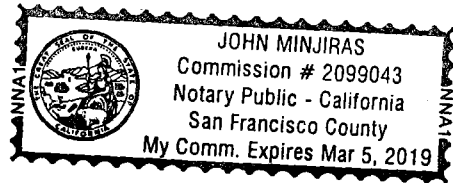
State of California
County of SAN FRANCISCO

On 10/12/2017 before me, JOHN MINJIRAS, NOTARY PUBLIC
(insert name and title of the officer)

personally appeared RAMSEY LOBBAT, ALEXANDER CASH
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.

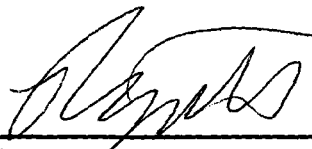


Signature John Minjiras (Seal)

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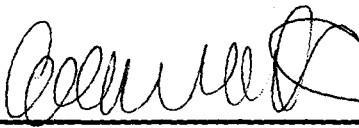


(Signature)

Ramsey Lubbat

(Printed Name)

Dated: Oct 22, 2017 at San Francisco, California.
(Month, Day) (City)

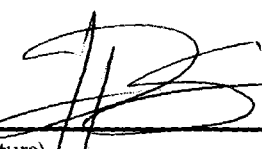


(Signature)

ALEXANDER LASH

(Printed Name)

Dated: Oct 22, 2017 at San Francisco, California.
(Month, Day) (City)



(Signature)

JOSE RAFAEL SOLIS

(Printed Name)

Dated: Oct. 22, 2017 at San Francisco, California.
(Month, Day) (City)

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Deanna Johnston
(Signature)

Deanna L. Johnston
(Printed Name)

Dated: October 24th, 2017 at San Francisco, California.
(Month, Day) (City)

(Signature) (Printed Name)

Dated: _____, 20 at _____, California.
(Month, Day) (City)

(Signature) (Printed Name)

Dated: _____, 20 at _____, California.
(Month, Day) (City)

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

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

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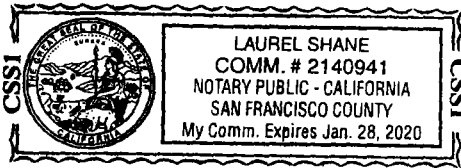
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)
County of San Francisco)
On October 24, 2017 before me, Laurel Shane, Notary Public,
Date Here Insert Name and Title of the Officer
personally appeared Deanna L. Johnston
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 [Signature]
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

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Description of Attached Document

Title or Type of Document: Notice of Special Restrictions Under the Planning Code
Document Date: 10/24/2017 Number of Pages: 1
Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____
 Corporate Officer — Title(s): _____
 Partner — Limited General
 Individual Attorney in Fact
 Trustee Guardian or Conservator
 Other: _____
Signer Is Representing: _____

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 Individual Attorney in Fact
 Trustee Guardian or Conservator
 Other: _____
Signer Is Representing: _____