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Edwin M. Lee, Mayor Mohammed Nuru, Director

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



Phone: (415) 554-5827 Fax: (415) 554-5324

http://www.sfdpw.com subdivision.mapping@sfdpw.org

Department of Public Works Office of the City and County Surveyor

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

Bruce R. Storrs, City and County Surveyor

TENTATIVE MAP DECISION

RECEIVED

15 FEB -5 AM 10: 03

Date: August 18, 2014

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

Project Typ	e:6 Units Condo Con	version	
Address#	StreetName	Block	Lot
1041 - 1051	OAK ST	1217	034

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.

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):

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:

- X Application
- X Print of Tentative Map

Sincerely

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

DATE 2 3 2015

PLANNING DEPARTMENT

Mr. Scott F. Sanchez, Zoning Administrator

IMPROVING THE QUALITY OF LIFE IN SAN FRANCISCO

Teamwork

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RECOR	DING REQUESTED BY	
And When Recorded Mail To:		CONFORMED COPY of document recorded
Name:		01/27/2015, 2015K012912 with document no This document has not been compared with the original District CORDER
Addr	SIRKINLAW APC 388 Market Ste Ste 1300	This document has not been compared with the order SAN FRANCISCO ASSESSOR-RECORDER
City:	San Francisco • California • 94111	
State.	Reas y a g	
Willia	in A. Welch, Laurie Rae Delp.	hime Savill (Space Above This Line For Recorder's Use)
0	I TI AL C R. L.	2. I want Alan had in the literal

Beverly Falcon, Alaric Falcon, Bonny Lynn, Nora Marie Grallagel, 1(We) NOHALLA (ULILON, Daniel Taya. Wa , 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: 1217, LOT: 034;

COMMONLY KNOWN AS: 1041 - 1051 Oak Street;

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. 2014.1308Q by the Planning Department as a referral from the Department of Public Works, Bureau of Street-Use and Mapping, Project ID: **8346**.

The tentative map filed with the present application indicates that the subject building at 1041-1051Oak Street is a six-unit building located in a RH-3 (Residential, Housing, 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, 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.

EXHIBIT A

The land referred to is situated in the County of San Francisco, City of San Francisco, State of California, and is described as follows:

Commencing at a point on the Southerly line of Oak Street, distant 181 feet, 3 inches Westerly from the Westerly line of Scott Street; running thence Westerly along the Southerly line of Oak Street 25 feet; thence at a right angle Southerly 137 feet, 6 inches to the point of commencement.

Being a portion of Block No. 444 of the Western Addition.

Assessor's Lot: 034; Block 1217

w. 14.

5 g.

- 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; 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.

(Signature)	William A. Ktelc (Printed Name)	h
Dated: <u>JAN 8</u> , <u>20 15</u> at	San Francisco (City)	, California.
(Sighature) (Sighature) Dated: Jan 87, 2015 at	Lauvie Rae Delp (Printed Name) San Francesco (City)	nine Savill California.
(Signature)	(Printed Name)	
Dated:, <u>20</u> at	(City)	, California.

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.

ACKNOWLEDGMENT
State of California County of)
On January 8, 2015 before me, Mican Marie J. Wenz, hotar public (insert name and title of the officer)
personally appeared <u>Walking</u> <u>Alam</u> <u>Walch</u> 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 An Andrew (Seal)

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.

CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

State of California

County of Son Francesco

On June 5, 2015 before me, Alicon North J. Mener 1 Not (Here insert name and title of the officer personally appeared Lawie Row Delphike Saw ill

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.

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

ALICIA MARIE JIMENEZ Commission # 1925510 WITNESS my hand and official seal. Notary Public - California San Francisco County My Comm. Expires Feb 13, 2015 of Notary Public

ADDITIONAL OPTIONAL INFORMATION

DESCRIPTION Notice	OF THI	<i>C</i> •	5	A	or which
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Number of Pages	2	Docu	ment D	ate_[18/15
10 Station (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	(Addition	al infor	mation)		

6	Individual (s) Corporate Officer
	(Title)
	Partner(s)
	Attorney-in-Fact
	Trustee(s)
	Other

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 his 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 scal 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

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- 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; 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.

Buruhy 7	allos			lcon	
(Signature) Dated: <u>December</u> (Month, Day	20 14	at	(Printed Name) Indiana polis (City)	Indi ana , California.	2
(Signature)			(Printed Name)	1	
Dated:(Month, Day	, <u>20</u>	at	(City)	, California.	
(Cignotura)			(Drinted Mana)	17	
(Signature)			(Printed Name)		
Dated:(Month, Day	, 20	at	(City)	, California.	

ACKNOWLEDGMENT INDIANA State of California County of Marion <u>cender 01,2014</u> before me, <u>Theresa I IARIA Financial Solutions Experie</u> (insert name and title of the officer) On personally appeared BEVERLY FALCON 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. OFFICIAL SEAL Signature Thursa Aare THERESA J. IARIA NOTARY PUBLIC - INDIANA MARION COUNTY . My Comm. Expires Aug. 11, 2016

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(Signature)			(Printed Name)		TI'L Th
Dated: Dec.	<u> (</u>	at	Greenfield		Fadiana A
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ACKNOWLEDGMENT						
_Induinagy/ State of California County of <u>AUACOCK</u>)						
On/3_/1/2014before me,(Judy Wilson, Notary Public					
personally appeared <u>Alauc Falcon</u> who proved to me on the basis of satisfactory eviden subscribed to the within instrument and acknowledge his/her/their authorized capacity(ies), and that by his/ person(s), or the entity upon behalf of which the pers	ce to be the person(s) whose name(s) is/are d to me that he/she/they executed the same in her/their signature(s) on the instrument the					
I certify under PENALTY OF PERJURY under the law paragraph is true and correct.	vs of the State of California that the foregoing					
WITNESS my hand and official seal.	JUDY WILSON Hancock County SEAL My Commission Expires March 23, 2015					
"Sand Revident of Haucock Co."	Seal)					
My connièrin expires Mar 23,2	2015.					

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Bony Rhy				Bonny Llyn		
(Signature) Dated:	Dec. (Month, Day)	12,20	<u>4</u> at	(Printed Name) San Francisco (City)	, California.	
(Signature) Dated:	(Month, Day)	, <u>20</u>	at	(Printed Name) (City)	, California.	
(Signature) Dated:	(Month, Day)	, <u>20</u>	at	(Printed Name) (City)	, California.	

ACKNOWLEDGMENT
State of California County of <u>San Francisco</u>) On <u>12/12/14</u> before me, <u>RyCM</u> (insert name and title of the officer) personally appeared <u>Buny</u> <u>114</u> 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 (Seal)

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(Signature)	1	1		(Printed Name)	
Dated:)ecenter	11,2014	_ at _	San Francisco (City)	, California.
	(Month, Day)			(City)	
(Signature)				(Printed Name)	
Dated:	(Month, Day)	, <u>20</u>	_ at _	(City)	, California.
(Signature)				(Printed Name)	i i i i i i i i i i i i i i i i i i i
Dated:	(Month, Day)		_ at _	(City)	, California.

ACKNOWLEDGMENT
State of California County of <u>myTuncisu</u>)
On Det 11 July before me, Paul Taube Notary Public (insert name and title of the officer)
personally appeared $MUIA$ M
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 Multice Signature (Seal)

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	MPPM	D		Natalia CU	ellar
(Signature)		/		(Printed Name)	
Dated:) 2 , 5 (Month, Day)	. 20 14	_ at	San Francisc	<u>O_</u> , California.
(Signature)				(Printed Name)	
Dated:		, <u>20</u>	_ at		, California.
_	(Month, Day)			(City)	
(Signature)				(Printed Name)	
Dated:		, 20	at		, California.
	(Month, Day)			(City)	

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)	
State of California) County of <u>Alameda</u>)	
On Dec. 5, 2014 before me,	5. Murphy, Notary Public Here Insert Name and Title of the Officer
Date	Here Insert Name and Title of the Officer
personally appeared Natalia Cuella	r
	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.

S. MURPHY Commission # 2046927 Notary Public - California Alameda County My Comm. Expires Nov 22, 2017 WITNESS my hand and official seal.

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: <u>Notice of Lestra</u> Number of Pages: <u>2</u> Signer(s) Other Than	hans Document Date:A
Capacity(ies) Claimed by Signer(s)	
Signer's Name:	Signer's Name:
Corporate Officer Title(s):	Corporate Officer - Title(s):
Partner — Limited General	Partner – Limited General
Individual 🛛 Attorney in Fact	Individual
Trustee Guardian or Conservator	Trustee Guardian or Conservator
Other:	□ Other:
Signer Is Representing:	Signer Is Representing:

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Ł	and)			Daniel Tayu	Wn
(Signature)				(Printed Name)	
Dated:	(Month, Day)	, 2014	at	San Francisco (City)	_, California.
(Signature)				(Printed Name)	
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Dated:	(Month, Day)	_, <u>20</u>	at	(City)	_, California.
(Signature)				(Printed Name)	
Dated:		, 20	at		_, California.
	(Month, Day)			(City)	

	ACKNOWLE	EDGMEN	г
State of California County of <u>Autorecul</u>)		
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subscribed to the within inst his/her/their authorized capa	asis of satisfactory evi rument and acknowle acity(ies), and that by	dence to be edged to me his/her/thei	the person(s) whose name(s) is/are that he/she/they executed the same signature(s) on the instrument the ted, executed the instrument.
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