



2026 ANNUAL UNIT USAGE REPORT

COMPLETED ANNUAL UNIT USAGE REPORTS ARE DUE NO LATER THAN NOVEMBER 1, 2026

The subject building is a residential hotel governed by [Chapter 41 of the San Francisco Administrative Code](#), titled the *Residential Hotel Unit Conversion and Demolition Ordinance* (HCO). Accordingly, this Annual Unit Usage Report (AUUR) form must be completed and filed with the requested records of use and filing fees even if this building is vacant, damaged, partially occupied, being seismically retrofitted, under renovation or has long term tenants. Failure to file this report will result in penalties of \$1,000 per month with interest until filed pursuant to Section 41.10(g) of the Ordinance. Please visit the [AUUR website \(sf.gov/residential-hotel-sro-owners-complete-your-annual-unit-usage-report\)](https://sf.gov/residential-hotel-sro-owners-complete-your-annual-unit-usage-report) for additional information.

POSTING REQUIREMENT:

On the day you file this report, you must post a notice, which can be a copy of this completed report, indicating that the Annual Unit Usage Report submitted to the Department of Building Inspection is available for inspection at the Housing Inspection Services Counter (4th Floor, 49 South Van Ness Avenue) between the hours of 8:00 a.m. and 5:00 p.m., Monday through Friday. Said notice shall remain posted for 30 days per [Section 41.10\(b\)](#) of said Ordinance.

WHAT TO SUBMIT WITH THIS REPORT:

1. RESIDENTIAL AND TOURIST GUEST ROOM DESIGNATION LIST AND GRAPHIC FLOOR PLAN

A residential and tourist guest room designation list and a graphic floor plan for each floor of occupancy, which indicates the location and designation for every guest room, must be submitted with this report.

Floor plans are required to be drawn to a minimum of 1/32" per 1' scale. This scale will allow for most residential hotels to fit a single floor of occupancy on a standard 8 1/2" X 11" sheet of paper. Please ensure that floor plans clearly indicate all guest rooms, offices, storage rooms, laundry rooms, kitchens, community rooms, toilet rooms, and shower rooms. Additionally, please show all kitchens and/or bathrooms within each guest room. For each guest room, be sure to clearly indicate the room number and whether it is designated as residential or tourist. **Floor plans that are not legible will not be accepted and will deem this report insufficient.** Please find an example of the Residential and Tourist Guest Room Designation List and Graphic Floor Plan at the [AUUR website](#).

FOR INTERNAL USE ONLY		
Hotel Address:		RECEIVED DATE:
Receipt #:	Reviewed By:	COMPLIANCE DATE:
Notes:		

2. DAILY LOGS:

Hotel owners/operators are required to maintain Daily Logs for every calendar day of the year. Each Daily Log must list every guest room, its corresponding designation (Residential or Tourist), and whether it is occupied or vacant. For every occupied room, provide the occupant's first and last names. A blank Daily Log form can be found at the [AUUR website](#).

Daily Logs for the first Friday of each month of the filing year (November 2025 through October 2026) must be submitted with this report. The dates of the **twelve (12) required Daily Logs** are as follows:

November 7, 2025	December 5, 2025	January 2, 2026	February 6, 2026
March 6, 2026	April 3, 2026	May 1, 2026	June 5, 2026
July 3, 2026	August 7, 2026	September 4, 2026	October 2, 2026

3. FILING FEE

The filing fee is **\$152.00**. Filing fees must be paid by check (personal, business, certified, cashiers, travelers) or money order payable to "CCSF-DBI". Please include the hotel address and block and lot on the check. **Incorrect payments, payments that are missing information, or payments made out to "DBI" will not be accepted and will be returned.** Please note that payments cannot be processed online or by telephone at this time.

FILING INSTRUCTION:

This Report must be submitted with Residential and Tourist guestroom designation list and graphic floorplan, 12 daily logs and the requisite filing fee of \$152.00 no later than November 1, 2026. Please email your submissions in PDF format to DBI.AUURSubmissions@sfgov.org.

Please mail filing fee payments made payable to CCSF - DBI to the following location:

CCSF - DBI
Attn: HIS 2026 Annual Unit Usage Report
49 South Van Ness Avenue, 4th Floor
San Francisco, CA 94103

If you have any questions regarding the completion of this form, please contact Timothy Wu at **(628) 652-3384** or email Timothy.Wu@sfgov.org.

Please note that any conflicting or missing information will result in this report being deemed insufficient. The penalty for insufficient filings is \$500 per day.

SECTION 1 – PROPERTY INFORMATION

Block:

Lot:

Hotel Name (If Applicable):

Hotel Address:

Number of Certified Residential Rooms:

Number of Certified Tourist Rooms:

SECTION 2 – OWNER NAME AND ADDRESS

Owner Name:

Owner Address:

City_____ State_____ Zip Code_____

Owner Email Address:

Owner Phone Number:

SECTION 3 – OPERATOR NAME AND ADDRESS (if different from owner)

Operator Name:

Operator Address:

City_____ State_____ Zip Code_____

Operator Email Address:

Operator Phone Number:

HOTEL ADDRESS: _____

SECTION 4 – RESIDENTIAL GUEST ROOMS

For October 15, 2026 indicate how many Residential guest rooms were occupied and vacant. Do not include legal apartments/dwelling units in guest room count. Attach the Daily Log for October 15, 2026 with this report.

- 4.1) How many Residential guest rooms were occupied on 10/15/2026? _____
- 4.2) How many Residential guest rooms were vacant on 10/15/2026? _____
- 4.3) Total number of Residential guest rooms that were occupied and vacant on 10/15/2026. Add together the total number of rooms from Question 4.1 and 4.2. _____
- 4.4) Number of certified Residential guest rooms. See section 1. _____
- 4.5) Is the total number of Residential guest rooms that were occupied and vacant on 10/15/2026 (Question 4.3) the same as the number of Residential rooms listed on the Certificate of Use (Question 4.4)? "YES"/"NO". _____
- 4.6) If your response at Question 4.5 is "YES", please move on to the next section. If your response at Question 4.5 is "NO", please provide a reason that explains the discrepancy in the space below. If you need additional space, please attach separate sheets.

SECTION 5 – TOURIST GUEST ROOMS

For October 15, 2026 indicate how many Tourist guest rooms were occupied and vacant.

- 5.1) How many Tourist guest rooms were occupied on 10/15/2026? _____
- 5.2) How many Tourist guest rooms were vacant on 10/15/2026? _____
- 5.3) Total number of Tourist guest rooms that were occupied and vacant on 10/15/2026. Add together the total number of rooms from Question 5.1 and 5.2. _____
- 5.4) Number of certified Tourist guest rooms. See Section 1. _____
- 5.5) Is the total number of Tourist guest rooms that were occupied and vacant on 10/15/2026 (Question 5.3) the same as the number of Tourist rooms listed on the Certificate of Use (Question 5.4)? "YES"/"NO". _____
- 5.6) If your response at Question 5.5 is "YES", please move on to the next section. If your response at Question 5.5 is "NO", please provide a reason that explains the discrepancy in the space below. If you need additional space, please attach separate sheets.

HOTEL ADDRESS: _____

SECTION 6 – VACANCIES, RENTS, AND SERVICES

6.1) Were more than 50% of the Residential guest rooms vacant on October 15th, 2026? (Is the number you provided at Question 4.2 greater than the number provided at Question 4.1)?
“YES”/“NO” _____

6.2) If you answered “NO” on Question 6.1 then move on to Question 6.3. If you answered “YES” on Question 6.1, please explain why in the space below. If you need additional space, please attach separate sheets.

6.3) What was the average monthly rent for the Residential units in October 2026? (Add the total amount of rent for all Residential guest rooms for the month of October 2026. Then, divide that dollar amount by the total number of occupied Residential guest rooms.)

Average Monthly Rent for each Residential guest room \$ _____

6.4) What services are provided to permanent residents? Check all that apply.

- ☐ Meal service
- ☐ Maid/linen service
- ☐ Security
- ☐ Utilities paid (gas, electric, heat)
- ☐ Internet/phone service
- ☐ Other (specify): _____

HOTEL ADDRESS: _____

SECTION 7 –ACKNOWLEDGEMENTS

1. Residential guest rooms may not be rented out for periods that are less than 7 consecutive days.
2. Residential guest rooms may be rented out for short-term stays during the summer tourist season (May 1 through September 30) only after receiving the Department of Building Inspection's (DBI) approval. Exercising the temporary conversion exception without DBI's pre-approval is unlawful. See [Section 41.19](#) of the San Francisco Administrative Code for more information.
3. Hotel owners/operators must properly notify the Department of Building Inspection (DBI) any time guest room designations are changed. Written notice of the re-designation and an updated graphic floor plan must be delivered to DBI by the following business day in order to be proper. Guest rooms that have been re-designated without proper notification will be deemed unlawful conversions.
4. Hotel owners/operators must maintain all records of use described in [Section 41.9](#) of the San Francisco Administrative Code; including Daily Logs, rent receipts, and Weekly Reports.
5. Weekly Reports and the Certificate of Use must be posted in the hotel lobby or other public space that is visible to the permanent residents.

SECTION 8 –DECLARATION

I am aware of the regulations pertaining to the operation of residential hotels pursuant to the Residential Hotel Unit Conversions and Demolition Ordinance (Chapter 41, San Francisco Administrative Code). I declare that the foregoing is true and correct and that I am aware of the Daily Log, Weekly Report, Rent Receipt and posting requirements to the best of my knowledge.

Signature

Date

Print Name

- ☐ Owner
☐ Operator
☐ Lessee
☐ Other: _____

NOTE: In Adobe reader, the form will **LOCK** automatically after the form is digitally signed and saved. You will not be able to edit and correct the form. Please save a copy of the form before digitally signing and saving it.

Hotel Address: _____

AUUR Year: _____

RESIDENTIAL AND TOURIST GUEST ROOM DESIGNATION LIST

Provide the floor location and room number for each Residential and Tourist Guest room in the space below separated by a comma. Each room shall be listed separately such as “101, 102, 103, 104, 105”. Do **NOT** list the room numbers in ranges such as “101 to 105”. For more information, please visit the [AUUR website](#).

Floor Number: _____

Number of Residential Rooms: _____ Number of Tourist Rooms: _____

Residential Room List: _____

Tourist Room List: _____

Floor Number: _____

Number of Residential Rooms: _____ Number of Tourist Rooms: _____

Residential Room List: _____

Tourist Room List: _____

Floor Number: _____

Number of Residential Rooms: _____ Number of Tourist Rooms: _____

Residential Room List: _____

Tourist Room List: _____

Floor Number: _____

Number of Residential Rooms: _____ Number of Tourist Rooms: _____

Residential Room List: _____

Tourist Room List: _____

Hotel Address: _____

AUUR Year: _____

RESIDENTIAL AND TOURIST GUEST ROOM DESIGNATION LIST

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Floor Number: _____

Number of Residential Rooms: _____ Number of Tourist Rooms: _____

Residential Room List: _____

Tourist Room List: _____

Floor Number: _____

Number of Residential Rooms: _____ Number of Tourist Rooms: _____

Residential Room List: _____

Tourist Room List: _____

Floor Number: _____

Number of Residential Rooms: _____ Number of Tourist Rooms: _____

Residential Room List: _____

Tourist Room List: _____

Floor Number: _____

Number of Residential Rooms: _____ Number of Tourist Rooms: _____

Residential Room List: _____

Tourist Room List: _____
