



City and County of San Francisco
DEPARTMENT OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH

Edwin M. Lee, Mayor
 Barbara A. Garcia, MPA, Director of Health
 Rajiv Bhatia, MD, MPH, Director of EH

Date: _____ Inspector: _____

HD: _____ Phone: _____ Fax: _____

DPH Receipt #: _____

FIRE MARSHAL
DIVISION OF FIRE PREVENTION & INVESTIGATION
 698 2ND STREET, ROOM 109
 SAN FRANCISCO, CA 94107

This section to be completed by Owner/Operator:	Opening Date: _____
Location: _____	DBA: _____
Owner/Operator: _____	Bus Type: _____
	Cooking: <input type="checkbox"/> Yes <input type="checkbox"/> No
Owner Address: _____	
Change of Ownership: <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone: _____
	Cell: _____
New Construction: <input type="checkbox"/> Yes <input type="checkbox"/> No	Remodeling: <input type="checkbox"/> Yes <input type="checkbox"/> No

This section to be completed by DPH staff:

Fire Marshal, the business named above warrants your timely inspection for fire clearance:

- The Fire Marshal requires a fire clearance for the approval and issuance of a new Health Permit for this type of facility.
- This facility was observed to have questionable or hazardous conditions: _____

FOR INFORMATION ONLY TO UPDATE SFFD RECORDS. (NO FIRE FEE COLLECTED)

This section to be completed by SFFD staff:
<input type="checkbox"/> APPROVED Fire Safety
<input type="checkbox"/> DISAPPROVED Fire Safety: _____ _____
<input type="checkbox"/> PENDING CLEARANCE: _____ _____
(Attach copy of pending SFFD document or NOV)
Date: _____ Inspector: _____ Phone: _____