**City and County of San Francisco**

**Department of Public Health**
Environmental Health Management
1390 Market Street, Suite 210
San Francisco, CA 94102

# Health Permit Application Zoning Referral

| FOR HEALTH DEPARTMENT USE ONLY | |
|---|---|
| Date Application Filed: | HC: 1 2 3 4 5 6 CO |
| Date to Zoning: | Inspector: |
| Date from Zoning: | FPS FPM OTHER |

**TO BE COMPLETED BY APPLICANT**
**Applicant must complete both pages of this referral as indicated. Accurate information is required,**
***False or misleading information may result in denial of the application*.**

**1. NAME OF BUSINESS:** _____

**2. BUSINESS STREET ADDRESS:** _____
**What floor(s) will the business occupy? Check appropriate floor(s) below.**

**Basement Level** ☐ **Street Level** ☐ **1st Floor** ☐ **2nd Floor** ☐ **3rd Floor** ☐ **Other Floor(s)**_____

**3. IS THE BUSINESS A RETAIL CHAIN? Does the establishment have eleven or more locations throughout the U.S. per Planning Code Section 703.3 & 703.4?**

**YES** ☐ **NO** ☐

**Existing Use of This Space:**
*Special Note: If any other room or building is to be used in connection with this application: OR, if any part of the proposed operation is* ***not*** *located within or connected to address above****, please attach an explanation sheet****.*

**Applicant's Name:**
**Mailing Address:**
**City:** **Zip Code:**
**Applicant's Daytime phone: ( )**
**Floor Plans and Explanation Sheet attached?** ____**Yes** ____ **No**

| FOR DEPARTMENT OF CITY PLANNING USE ONLY | |
|---|---|
| **ZONING:** | **BLK / LOT:** / |
| **Limitations or Conditions (if any):** | |
| | |
| | |
| | |
| **APPROVED:** **DATE:** | |
| **(Planner's Signature)** | |
| **DISPPROVED:** **DATE:** | |
| **(Planner's Signature)** | |

**APPLICANT:** THIS IS PAGE 1 OF 2A or 2B –COMPLETE PAGE 2A ONLY IF THE BUSINESS IS A FOOD / BEVERAGE OR OTHER ESTABLISHMENT. COMPLETE PAGE 2B ONLY IF THE BUSINESS IS A MASSAGE, ACUPRESSURE, OR REFLEXOLOGY ESTABLISHMENT AND/OR SHOULD THE BUSINESS OFFER MASSAGE, ACUPRESSURE, OR REFLEXOLOGY AS AN ACCESSORY COMPONENT TO A BUSINESS.

**WHITE: Establishment File Copy · YELLOW: Zoning File Copy · PINK: Interim copy**