# *HEALTH PERMIT APPLICATION ZONING REFERRAL*

## *MASSAGE ESTABLISHMENTS PAGE 2B*

**APPLICANT: THIS IS PAGE 2 OF 2 PAGES-COMPLETE BOTH PAGES**

**Applicant:** For more information regarding types of establishments, zoning, and Planning Code questions, you may go on-line at www.sfgov.org/site/planning or call the Planning Information Counter at **415.558.6377** for more information.

**DBA ADDRESS:**_____

**1. CIRCLE THE TYPE OF ESTABLISHMENT AND ANSWER YES OR NO TO THE FOLLOWING QUESTIONS:**

**A. MASSAGE ESTABLISHMENT** Per the Planning Code (including sections 218.1, 790.60, and 890.60) the establishment offers massage, reflexology, or acupressure, or any other practice that involves placing physical pressure by hand, elbow, feet, or with the aid of various devices on the surface of the body. **See restrictions below:**

Per the Planning Code, a massage establishment is not permitted within 1000 feet of another massage establishment. Per Ordinance No. 289-06, a massage establishment is required to seek and receive authorization through the Conditional Use Process prior to receiving Planning Department approval to operate.

**B. ACCESSORY MASSAGE ASSOCIATED WITH A MEDICAL USE∗ See note below:** Per The Planning Code (including sections 204, 217, 790.114, and 890.114) the primary business operation is an acupuncture clinic, chiropractor office, or other health care professional office, licensed by a State sanctioned Board, that also offers massage, acupressure, or reflexology as an accessory to the primary business.

**C ACCESSORY MASSAGE ASSOCIATED WITH A PERSONAL SERVICE USE∗ See note below:** Per the Planning Code (including sections 204, 209.8(c), 218, 790.116, 890.116) The primary business operation is a hair/ nail salon, health spa, cosmetic services, or a gym that also offers massage, acupressure, or reflexology as an accessory component to it's primary business.

**2. IS THIS A NEW ESTABLISHMENT?** (Prior use not licensed by Health Department) **YES** ☐ **NO** ☐
(If yes, please describe the previous use of the establishment :_____)

**3. CHANGE OF OWNERSHIP**? **YES** ☐ **NO** ☐

**4. DO YOU PROPOSE TO ALTER THE INTERIOR OR EXTERIOR OF THE ESTABLISHMENT?** A building permit may be required for alterations to the establishment, including for new signage. Please contact DBI for information regarding building permits at 415-558-6088.

**YES** ☐ **NO** ☐ (If yes, please describe the type of alteration: _____)

**5. IS THE ESTABLISHMENT NOW VACANT? YES** ☐ **NO** ☐ (if yes, how long?_____)

**6. TOTAL GROSS SQUARE FOOTAGE OF ESTABLISHMENT** _____**SQ. FT.**
(Including other uses or business in the same space)

**7. HOURS OF OPERATION:** _____

**8. List the number of individual rooms devoted to massage, acupressure, reflexology, and the approximate square footage for such rooms:** _____

**ACCESSORY USE RESTRICTIONS FOR MASSAGE, ACUPRESSURE, AND OR REFLEXOLOGY**

∗ The 300 square feet is the maximum permitted accessory massage use area. The actual permitted accessory use area may vary based on the size of a medical or personal service establishment and in no case shall exceed the accessory use amount specified in individual Zoning Districts as noted below.

∗ In Neighborhood Commercial, South of Market, Chinatown Mixed Use, and Mission Bay Zoning Districts, the total area of accessory massage rooms shall not exceed 1/3 of the total area of treatment rooms used for medical or personal service or 300 square feet maximum, whichever is less. In all other Zoning Districts, the total area of accessory massage rooms shall not exceed 1/4 of the total area of treatment rooms used for medical or personal service or 300 square feet maximum, whichever is less. The establishment of an Acupuncture clinic requires a public notification in order to receive approval to operate.

∗ Please note that accessory massage use cannot be operated independently without an established principal medical or personal service use. At least one State-licensed medical professional must be present at all times during the operating hours of the medical service establishment, and no more than two massage therapists are permitted to work at the same time.

∗ The application for accessory massage use must include floor plans showing the medical or personal service rooms and massage rooms and copies of any State and/or local licenses held by the medical professionals and other employees.

∗ State-licensed professionals or establishment owner (if no employees possess a State license) must submit an affidavit describing the type of services provided by each employee on the premises, the total number of employees, and working hours of State-licensed professional(s) and other employees. Affidavits for massage and accessory massage uses are available at the Planning Department and at the Department of Environmental Health.

**X Signature of Applicant / Agent**_____ **Date**_____

**(Reviewed /Initialed by Supervisor**_____ **Date**_____