



## Application for Article 38 Compliance Assessment

**The San Francisco Department of Public Health** is the enforcing agency for Article 38 of the Health Code, which governs the requirement for enhanced ventilation in certain buildings located in the Air Pollutant Exposure Zone in the city.

The attached Application for Compliance Assessment must be submitted to initiate the process for compliance with Article 38 for a planned or proposed construction project or to update account information (**Account Update**).

### How to Complete the Application

- The form must be saved and opened with Adobe Acrobat or Reader prior to filling it in.
- When submitting the form as an **Account Update** only the fields with new information need to be completed.

### How to Submit the Application

- All fields in the application must be completed and submitted electronically to [jonathan.piakis@sfdph.org](mailto:jonathan.piakis@sfdph.org).
- After submittal, a representative from Environmental Health will contact you within 10 business days with further instructions (payment for review, subsequent documentation, etc.) to complete the Article 38 process.



### Application for Article 38 Compliance Assessment

Date: \_\_\_\_\_

Project Location: \_\_\_\_\_  
Street Address Zip Code Block/lot

Building Use: Residential Commercial Industrial Public Other  
(Check all that apply)

Short Description: \_\_\_\_\_

Project Sponsor	Name: _____ <small>Last First</small>
	Business Name/DBA: _____
	Address: _____ <small>Street Address City State Zip Code</small>
	Planning Department Case #: _____ Planner Name: _____

Building Description	Number of Floors: _____ Total Square Footage: _____
	Number of Dwelling Units: _____ Square Footage of Dwelling Units: _____
	Square Footage of Other Uses: _____ Additional Building Details: _____
	Other Uses (describe): _____

Primary Contact	Name: _____ Title: _____ <small>Last First</small>
	Phone #: _____ Email: _____

Alternative or Additional Contact	Name: _____ Title: _____ <small>Last First</small>
	Phone #: _____ Email: _____

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Signature

For DPH Use Only Parcel located within APEZ  Parcel located outside APEZ
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