



## DPH Fire Marshal Referral

Fire Marshal  
 Division of Fire Prevention & Investigation  
 698 2<sup>nd</sup> Street, Room 109  
 San Francisco, CA 94107

This section to be completed by Owner/Operator	
Location: _____	DBA: _____
Change of ownership only and no change to previous operation:	<input type="checkbox"/> Yes <input type="checkbox"/> NO
Is the occupancy or number of seats greater than 49?	<input type="checkbox"/> Yes <input type="checkbox"/> NO
Do you have gas or open flame cooking equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> NO
Are you constructing a new facility?	<input type="checkbox"/> Yes <input type="checkbox"/> NO
Are you remodeling the facility?	<input type="checkbox"/> Yes <input type="checkbox"/> NO
Are you operating now?	<input type="checkbox"/> Yes <input type="checkbox"/> NO
If no, what date do you anticipate opening: _____	
Owner/Operator Name: _____	Owner Address: _____
Business Phone: _____	Cell to arrange inspection _____

This section to be completed by Department of Public Health Staff		
Date: _____	Inspector: _____	DPH Receipt #: _____
HD: _____	Phone: _____	Fax: _____
<b>Fire Marshal, the business named above warrants your timely inspection for fire clearance:</b>		
<input type="checkbox"/> Fire clearance is required before approval and issuance of a new Health Permit for this type of facility.		
<input type="checkbox"/> This facility was observed to have questionable or hazardous conditions: _____		
<input type="checkbox"/> For information only to update SFFD Records. (No Fire Fee Collected)		

This section to be completed by SFFD Staff
<input type="checkbox"/> <b>Approved</b> Fire Safety
<input type="checkbox"/> <b>Disapproved</b> Fire Safety: _____
<input type="checkbox"/> <b>Pending</b> Clearance: _____
(Attach a copy of pending SFFD document or NOV)
Date: _____ Inspector: _____ Phone: _____