



DPH Fire Marshal Referral

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

This section to be completed by Owner/Operator			
Location: _____	DBA: _____	Bus. Type: _____	
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: _____		Email: _____	
		Cell to Arrange Inspection: _____	

This section to be completed by Department of Public Health Staff			
Date: _____	Inspector: _____	DPH Receipt #: _____	
HD: _____	Phone: _____	Fax: _____	
Fire Marshal, the business named above warrants your timely inspection for fire clearance:			
<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 informational purposes only (No response required). Fire Inspection Fees to be collected by SFFD.			

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 a copy of pending SFFD document or NOV)	
Date: _____	Inspector: _____ Phone _____