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 **antoniette.flores@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
(All Fields REQUIRED)

Project Location: _____   _____   _____
                   Street Address   Zip Code   Block/lot

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

Short Description: _____

Project Sponsor

Name: _____   _____
        Last   First

Business Name/DBA: _____

Address: _____   _____   _____   _____
          Street Address   City   State   Zip Code

Building Description

Planning Department Application #: _____

Has a DBI Building Permit Application been Submitted?

Yes   No   If YES, enter Permit Number: _____

Number of Floors: _____

Total Area of Construction : _____ sq. ft.

Number of Dwelling Units: _____

Number of Child Care
Spaces or Classrooms: _____

Other Uses (describe): _____

Other Sensitive Uses
(if applicable)
(e.g. schools, childcares): _____

Primary Contact

Name: _____   _____   Title: _____
        Last   First

Phone #: _____   Email: _____

Alternative or Additional Contact

Name: _____   _____   Title: _____
        Last   First

Phone #: _____   Email: _____

_____
Print Name

_____
Signature   Date