



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 sojeatta.khim@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: _____ Last _____ First _____ Title: _____
	Phone #: _____ Email: _____

Alternative or Additional Contact	Name: _____ Last _____ First _____ Title: _____
	Phone #: _____ Email: _____

 Print Name

 Signature Date