



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

By filling out this form, I acknowledge that I am required to schedule and pass a Fire Clearance inspection with SFFD, and will contact SFFD to schedule and pay for the inspection, at (415) 554-8927.

Location: _____ DBA: _____ Bus. Type: _____

Change of ownership only and no change to previous operation: Yes NO

Is the occupancy or number of seats greater than 49? Yes NO

Do you have gas or open flame cooking equipment? Yes NO

Are you constructing a new facility? Yes NO

Are you remodeling the facility? Yes NO

Are you operating now? Yes 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:

Fire clearance is required before approval and issuance of a new Health Permit for this type of facility.

This facility was observed to have questionable or hazardous conditions: _____

For informational purposes only (No response required). Fire Inspection Fees to be collected by SFFD.

This section to be completed by SFFD Staff

Approved Fire Safety

Disapproved Fire Safety: _____

Pending Clearance: _____

(Attach a copy of pending SFFD document or NOV)

Date: _____ Inspector: _____ Phone _____