



Fire Marshall Referral Form

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

This section to be completed by Owner/Operator		Opening Date: _____	
Location: _____		DBA: _____	
Owner/Operator: _____		Business Type: _____	
		Cooking: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Owner Address: _____			
Change of ownership: <input type="checkbox"/> Yes <input type="checkbox"/> No		Phone: _____	
		Cell: _____	
New Construction: <input type="checkbox"/> Yes <input type="checkbox"/> No		Remodeling: <input type="checkbox"/> Yes <input type="checkbox"/> No	

This section to be completed by Department of Public Health Staff			
Date: _____		Inspector: _____	
		DPH Receipt #: _____	
HD: _____		Phone: _____	
		Fax: _____	
Fire Marshall, the business named above warrants your timely inspection for fire clearance:			
<input type="checkbox"/> The Fire Marshall requires a fire clearance for the 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"/> 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: _____		