



# SAN FRANCISCO FIRE DEPARTMENT

## Bureau of Fire Prevention and Investigation

PLEASE CALL CARE FACILITY INSPECTOR FOR FURTHER ASSISTANCE & INSPECTION FOR RESIDENTIAL CARE, DAY CARE, & PRE-SCHOOL FACILITIES

☐ PRE-INSPECTION / CONSULTATION REQUEST

☐ FIRE CLEARANCE

NOTE: Complete and submit this form and payment of fee to the Fire Authority responsible for inspecting your facility. DO NOT send to Community Care Licensing.

I hereby request the Fire Authority having jurisdiction to survey my property for compliance with the fire and life safety provisions required for licensing as a:

\_\_\_\_\_ Community Care Facility (Health & Safety Code Section 1502)

\_\_\_\_\_ Residential Care Facility (Health & Safety Code Section 1569.2)

\_\_\_\_\_ Child Care Facility (Health & Safety Code Section 1596.750)

\_\_\_\_\_ DPH Mental Health / Substance Abuse Programs

\_\_\_\_\_ Accreditation & Licensing Agency

With a capacity of \_\_\_\_\_ 25 or less \$153.00 (1 Hour) Number of non-ambulatory \_\_\_\_\_

\_\_\_\_\_ 26 or more \$307.00 (2 Hours) (H & S Code Sec. 13235(a))

Occupancy Group \_\_\_\_\_ \$307.00

Additional inspection time if required shall be at \$153.00 per hour.

Facility/DBA Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Applicant Name (Print) \_\_\_\_\_ Date \_\_\_\_\_

### FIRE AUTHORITY USE ONLY

|                           |     |    |
|---------------------------|-----|----|
| Request/Fee received date | / / | By |
| Inspection date:          | / / | By |