



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 C Mental Health / Substance Abuse Programs

_____ Accreditation & Licensing Agency

With a capacity of _____ 25 or less \$130.00 (1 Hour) Number of non-ambulatory _____

_____ 26 or more \$260.00 (2 Hours) (H & S Code Sec. 13235(a))

Occupancy Group _____ \$260.00

Additional inspection time if required shall be at \$130.00 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