



## **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 [douglas.obana@sfdph.org](mailto:douglas.obana@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: _____ <span style="margin-left: 80px;">Last</span> <span style="margin-left: 250px;">First</span>
	Business Name/DBA: _____
	Address: _____ <span style="margin-left: 100px;">Street Address</span> <span style="margin-left: 200px;">City</span> <span style="margin-left: 100px;">State</span> <span style="margin-left: 100px;">Zip Code</span>

Building Description	Planning Department Application #: _____	Has a DBI Building Permit Application been Submitted? Yes <input type="checkbox"/> No <input type="checkbox"/> 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: _____ <span style="margin-left: 100px;">Last</span> <span style="margin-left: 150px;">First</span> <span style="margin-left: 100px;">Title: _____</span>
	Phone #: _____ Email: _____

Alternative or Additional Contact	Name: _____ <span style="margin-left: 100px;">Last</span> <span style="margin-left: 150px;">First</span> <span style="margin-left: 100px;">Title: _____</span>
	Phone #: _____ Email: _____

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Signature Date