



**SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH BRANCH**

49 South Van Ness, Suite 600, San Francisco, CA 94103

<https://www.sf.gov/departments-site-assessment-and-mitigation-program>

Phone: (415) 252-3800 Email: DPH-SiteMitGeneral@sfdph.org

SITE MITIGATION APPLICATION

Please submit this application and document(s) via email at DPH-SiteMitGeneral@sfdph.org and submit a check payable to SFDPH (ATTN: Site Mitigation Program) via mail to the address above. For current filling fee, see <https://www.sf.gov/apply-regulatory-oversight-your-maher-compliance-activities>

APPLICATION TYPE (Check all applicable)			
☐ SFHC ARTICLE 22A: MAHER ORDINANCE		☐ HSC § 101480: VOLUNTARY REMEDIAL ACTION PROGRAM (VRAP)	
☐ SFHC ARTICLE 22B: DUST CONTROL PLAN (Applicable for projects ≥ 0.5 acres)			
PROJECT INFORMATION			
PROJECT NAME:		ASSESSOR'S PARCEL NUMBER(S):	
SITE ADDRESS:		BUILDING PERMIT #:	
SF PLANNING CONTACT NAME:		TELEPHONE:	
CURRENTS SITE USE:			
PLANNED SITE USE:			
DESCRIPTION:			
ESTIMATED SOIL VOLUME (CY) TO BE DISTURBED:	SIZE OF THE PROJECT:	SENSITIVE RECEPTOR(S) WITHIN 1000 FT OF THE PROJECT: ☐ YES ☐ NO	
APPLICANT/PROJECT PROPONENT INFORMATION (Person applying for building permit) ☐ PRIMARY CONTACT ☐ BILLABLE PARTY			
Applicant's relationship to Site: ☐ Current Owner ☐ Developer ☐ Consultant ☐ Other (please describe):			
APPLICANT/PROJECT PROPONENT:		COMPANY NAME:	
CONTACT PERSON:	TELEPHONE:	E-MAIL ADDRESS:	
MAILING ADDRESS:			
PROPERTY OWNER INFORMATION (If different from Applicant) ☐ PRIMARY CONTACT ☐ BILLABLE PARTY			
OWNER NAME	TELEPHONE:	E-MAIL ADDRESS:	
MAILING ADDRESS:			
AUTHORIZED AGENT (If different from Applicant) ☐ PRIMARY CONTACT ☐ BILLABLE PARTY			
APPLICATION SUBMITTED BY:		MAILING ADDRESS:	
CONTACT PERSON:	TELEPHONE:	E-MAIL ADDRESS:	
DOCUMENT(S) SUBMITTED (Check all applicable)			
☐ Site History (e.g., Sanborn Maps, Title History, Phase I ESA, etc.)	☐ Plan and Elevation Drawings	☐ Grading/excavation drawings supporting volume estimate	
☐ Geotechnical Report	☐ Prior Subsurface Investigation Report		
☐ Other (list):			
TERMS AND CONDITIONS			
I declare under penalty of perjury the information on this application and in other materials submitted in support of this application are true and correct. I have reviewed the conditions of all applicable state and local regulations, including, but not limited to, San Francisco Health Code, Article 22A, Article 22B, and/or Health and Safety Code and agree to comply with those conditions. I hereby agree to pay all costs associated with this request and consent to all necessary inspections made to verify compliance of applicable state and local regulations.			
SIGNATURE OF APPLICANT/AUTHORIZED AGENT			DATE:

FOR DEPARTMENT OF PUBLIC HEALTH OFFICE USE ONLY

DATE RECEIVED:	RECEIVED BY:	DATE DATA ENTERED:	ENTERED BY:	CHECK #:	CHECK AMOUNT:
					SMED #: