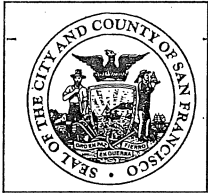


***BIC Meeting of  
June 20, 2012***

***Agenda Item #4***



## BUILDING INSPECTION COMMISSION (BIC)

Department of Building Inspection      Voice (415) 558-6164 - Fax (415) 558-6509  
1660 Mission Street, San Francisco, California 94103-2414

June 8, 2012

Edwin M. Lee  
Mayor

COMMISSION

Angus McCarthy  
President

Warren Mar  
Vice-President

Kevin Clinch  
Frank Lee  
Dr. James McCray, Jr.  
Myrna Melgar  
Debra Walker

Sonya Harris  
Secretary

Vivian L. Day  
Director

### **PUBLIC NOTICE: MEETING TO CONSIDER THE APPROVAL OF A FINANCIAL HARDSHIP FORM FOR REQUESTING FEE EXEMPTIONS FOR APPEALS HEARD BY THE BUILDING INSPECTION COMMISSION**

AT ITS REGULAR MEETING ON JUNE 20, 2012, CITY HALL ROOM 416, 9:30 A.M., THE BUILDING INSPECTION COMMISSION WILL CONSIDER APPROVING A DECLARATION OF FINANCIAL HARDSHIP FORM FOR APPELLANTS SEEKING AN EXEMPTION FROM THE FEES FOR APPEAL HEARINGS BEFORE THE BUILDING INSPECTION COMMISSION PURSUANT TO CHAPTER 77 OF THE SAN FRANCISCO ADMINISTRATIVE CODE.

ATTACHED TO THIS NOTICE IS THE PROPOSED DECLARATION OF FINANCIAL HARDSHIP FORM THAT THE COMMISSION WILL CONSIDER AT ITS JUNE 20<sup>TH</sup> MEETING.

FOR QUESTIONS PERTAINING TO THIS ITEM, PLEASE CONTACT SONYA HARRIS, BUILDING INSPECTION COMMISSION SECRETARY AT (415) 558-6164.

Sonya Harris  
Commission Secretary



### DECLARATION OF FINANCIAL HARDSHIP

The Commission Secretary may waive the required appeal fee where the filing party meets the indigency standards set out in California Government Code Section 68632 or its successor, and submits a Declaration of Financial Hardship. An exemption from paying the required fee or fees may be granted upon the filing under penalty of perjury of a Declaration of Financial Hardship and approved by the Commission as per Section 77.10 (b) of the Administrative Code.

Name(s) of Requesting Party: \_\_\_\_\_

Subject Property: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

I am requesting a fee waiver on the following basis (please check all that apply):

- (a) As a person who is receiving public benefits under one or more of the following programs:
- (1) Supplemental Security Income (SSI) and State Supplementary Payment (SSP)
  - (2) California Work Opportunity and Responsibility to Kids Act (CalWORKs) or a federal Tribal Temporary Assistance for Needy Families (TANF) grant program
  - (3) Food Stamps or the California Food Assistance Program
  - (4) County Relief, General Relief (GR), or General Assistance (GA)
  - (5) Cash Assistance Program for Aged, Blind, and Disabled Legal Immigrants (CAPI)
  - (6) In-Home Supportive Services (IHSS)
  - (7) Medi-Cal
- (b) As a person whose monthly income is 125 percent or less of the current federal poverty guidelines (42 U.S.C. §9902(2)).
- (c) As a person who, as individually determined by the Commission, cannot pay the filing fee without using moneys that normally would pay for the common necessities of life for the applicant and the applicant's family.

I declare under penalty of perjury that the foregoing is true and correct.

Entered on \_\_\_\_\_, at San Francisco, California.  
(Date)

\_\_\_\_\_  
Signature of Requestor

\_\_\_\_\_  
Date

THIS AREA IS FOR COMMISSION USE ONLY

Disapproved       Approved      By: \_\_\_\_\_ Date: \_\_\_\_\_