



FEE EXEMPTION FOR INDIGENT INDIVIDUALS

INFORMATIONAL AND APPLICATION PACKET

Per Section 350(j)(2) of the San Francisco Planning Code and Section 31.22(h)(2) of the San Francisco Administrative Code, an exemption from paying the full fees for Discretionary Reviews and Appeals may be granted when the requestor's income is not enough to pay for the fee without affecting their abilities to pay for the necessities of life, provided that the person seeking the exemption demonstrates to the Planning Director or his/her designee that they are substantially affected by the proposed project.

For questions, you can call the Planning counter at 628.652.7300 or email pic@sfgov.org, where planners are able to assist you.

Español: Si desea ayuda sobre cómo llenar esta solicitud en español, por favor llame al 628.652.7550. Tenga en cuenta que el Departamento de Planificación requerirá al menos un día hábil para responder.

中文：如果您希望獲得使用中文填寫這份申請表的幫助，請致電628.652.7550。請注意，規劃部門需要至少一個工作日來回應。

Filipino: Kung gusto mo ng tulong sa pagkumpleto ng application na ito sa Filipino, paki tawagan ang 628.652.7550. Paki tandaan na mangangailangan ang Planning Department ng hindi kukulangin sa isang araw na pantrabaho para makasagot.

WHO MAY APPLY FOR A FEE EXEMPTION?

Any individual can file for a fee waiver as long as the requestor provides documentation that the filing fee affects the requestor's ability to pay for the necessities of life. Supporting income proof documentation will be required to be eligible, such as disability benefits, unemployment benefits, social security income benefits, and/or IRS Tax Form 1040/1099/540.

For questions on eligibility and other supporting documentation that may be accepted, please contact Bella Liu at bella.liu@sfgov.org.

HOW DO I SUBMIT THE APPLICATION?

If the requirements above are met, complete the following application and email it to cpc.intake@sfgov.org. Please email your supporting materials or documentation to bella.liu@sfgov.org.



FEE EXEMPTION FOR INDIGENT INDIVIDUALS

APPLICATION

Discretionary Review or Appeal Requestor's Information

Name: _____

Address: _____ Email Address: _____

Telephone: _____

Justification for Exemption Request:

Property Information

Project Address: _____

Project Application (PRJ) Record No: _____ Record ID No: _____

Date of Decision (if any): _____

Select the application for which a fee exemption is being requested:

- | | |
|---|--|
| <input type="checkbox"/> Discretionary Review Request | <input type="checkbox"/> Appeal to the Board of Supervisors |
| <input type="checkbox"/> Appeal to the Planning Commission (CEQA) | <input type="checkbox"/> Appeal to the Board of Supervisors (CEQA) |

The requestor must submit documentation proving that their "income is not enough to pay for the fee without affecting their abilities to pay for the necessities of life." Select the documentation being submitted with this application:

- | | |
|---|--|
| <input type="checkbox"/> IRS Tax Form 1040/1099/540 | <input type="checkbox"/> W-2 / Unemployment Benefits |
| <input type="checkbox"/> Medi-Cal Eligibility Statement | <input type="checkbox"/> Other: _____ |

For Department Use Only

Determination:

- WAIVER APPROVED WAIVER DENIED

Bella Liu, Senior Revenue Analyst

Date