



# BOARD OF APPEALS

The Board of Appeals is designed to provide for a final determination for the suitability of alternate materials, methods of construction, and reasonable codes interpretations in the event of an appeal from the determination of the Building Official. Applicants do not need to be Foster City residents, but should have construction experience. Please note that this committee does not meet regularly and only conducts investigations on an as-needed basis.

Applications due 9.12.2024 by 5:00pm

Learn more: [fostercity.org/bc-ba](https://fostercity.org/bc-ba)

650.286.3250 | [clerk@fostercity.org](mailto:clerk@fostercity.org)

Note: To be considered for official appointment, Board of Appeals applicants are required to attend the Monday, October 7, 2024 City Council meeting.





## COMMITTEE/COMMISSION

Application for Appointment  
By City Council/Board of Directors

Return completed application forms to:  
Communications/City Clerk Department  
610 Foster City Boulevard  
Foster City, CA 94404  
(650) 286-3250  
clerk@fostercity.org

**5:00PM THURSDAY**

**DEADLINE FOR FILING: September 12, 2024**

For more information, visit [www.fostercity.org](http://www.fostercity.org)

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**Please type or print in BLACK INK ONLY**

Date: \_\_\_\_\_ Committee or Commission for Which Application is Filed: \_\_\_\_\_

Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Present Street Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ How long have you lived in Foster City? \_\_\_\_\_

What is your occupation? \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Your Present Position: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Self Employed:

Name and Description of Business: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Length of Ownership: \_\_\_\_\_

Have you ever served on a public board, committee or commission? \_\_\_\_\_

If yes, please explain:

Do you have any relatives presently employed by the city or serving in any official capacity? \_\_\_\_\_

If yes, please give names(s) and relationship:

Please list names of any community organizations or activities to which you belong or in which you have participated, including dates of participation and offices held, if any:

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Please list individuals who are well acquainted with your personal and/or professional qualifications

Name	Address	Occupation	Phone
Name	Address	Occupation	Phone
Name	Address	Occupation	Phone

Please state reasons and objectives for desiring to become a member of this committee/commission:

**Please note, no attachments to this form will be accepted.**