ATTACHMENT B

## BOARD OF EXAMINERS REQUEST FOR HEARING FORM AB-042

Case No.:	Date Filed:		Fee:	
Address:	Block & Lot:		Application No.:	
Applicant's Name:	Title:		Telephone No.:	
Building Occupancy/Use	Signature of Applicant:			
1. Code Sectionof the	San Francisco Building C	ode cannot be	e entirely satisfied b	oecause:
In lieu of complying exactly with equivalent degree of safety:  Supporting arguments are: (attach		alternative is	proposed as a mea	ns of providing an
	official use onl	y		
Recommendation:	Acceptance	Date	Denial	Date
Director of Building Inspection				
Fire Marshal, SFFD				
4. Board of Examiners' action:				

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