BOARD of SUPERVISORS

City Hall
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. (415) 554-5184
Fax No. (415) 554-5163
TDD/TTY No. (415) 554-5227

Application for Boards, Commissions, Committees, & Task Forces

Name of Board/Commission/Committee/Task Force: PLANNING COMMISSION

Seat # (Required - see Vacancy Notice for qualifications): BOARD SEAT

Full Name: JOEL KOPPEL

[redacted] SF CA Zip Code: 94122

[redacted] Occupation: ELECTRICAL CONTRACTOR

Work Phone: _____ Employer: SF ELECTRICAL CONTRACTOR ASSOC.

Business Address: 555 GOUGH ST. SF CA Zip Code: 94102

Business Email: joelk@sfeca.org Home Email: [redacted]

Pursuant to Charter, Section 4.101(a)(2), Boards and Commissions established by the Charter must consist of residents of the City and County of San Francisco who are 18 years of age or older (unless otherwise stated in the code authority). For certain appointments, the Board of Supervisors may waive the residency requirement.

Resident of San Francisco: Yes ☒ No ☐ If No, place of residence: _____

18 Years of Age or Older: Yes ☒ No ☐

Pursuant to Charter, Section 4.101(a)(1), please state how your qualifications represent the communities of interest, neighborhoods, and the diversity in ethnicity, race, age, sex, sexual orientation, gender identity, types of disabilities, and any other relevant demographic qualities of the City and County of San Francisco:

REPRESENT CONSTRUCTION, AND BUSINESS COMMUNITY
TIES WITH IRISH AND CHINESE CONTRACTORS ALSO
TIES WITH LGBT COMMUNITY AS WELL
BOMA / CHAMBER OF COMMERCE SUPPORT AS WELL

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(Applications must be submitted to BOS-Appointments@sfgov.org or to the mailing address listed above.)

Business and/or Professional Experience:

VERSED IN ALL THINGS PLANNING / DBI
ELECTRICAL CONTRACTING / CONSTRUCTION
ALL THINGS DOWNTOWN REVITALIZATION

Civic Activities:

PREVIOUS PLANNING COMMISSIONER 2016-2024

Have you attended any meetings of the body to which you are applying? Yes ☑ No ☐

An appearance before the Rules Committee may be required at a scheduled public hearing, prior to the Board of Supervisors considering the recommended appointment. Applications should be received ten (10) days prior to the scheduled public hearing.

Date: 6/12/26 Applicant's Signature (required): _____

(Manually sign or type your complete name. NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)

Please Note: Your application will be retained for one year. Once completed, this form, including all attachments, become public record.

FOR OFFICE USE ONLY:

Appointed to Seat #: _____ Term Expires: _____ Date Vacated: _____