



# Land Use Services Department

## Fire Hazard Abatement

David Doublet  
Director

**FORM MUST BE RETURNED NO LATER THAN 60 DAYS FROM INVOICE DATE**

DATE APPEAL FORM SUBMITTED: \_\_\_\_\_ INVOICE NUMBER: \_\_\_\_\_

ASSESSOR'S PARCEL NUMBER (APN): \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

LOCATION OF PROPERTY: \_\_\_\_\_

E-MAIL ADDRESS: (Please Print Clearly) \_\_\_\_\_

**DUE TO ONGOING PUBLIC HEALTH CONCERNS IN-PERSON HEARINGS HAVE BEEN SUSPENDED UNTIL FURTHER NOTICE**

DO YOU WISH TO APPEAR BY PHONE? \_\_\_\_\_ OR BY WRITTEN DECLARATION? \_\_\_\_\_

I PREFER \_\_\_\_\_ AM \_\_\_\_\_ PM APPOINTMENT OR NO PREFERENCE \_\_\_\_\_

We will try to accommodate you, however, selected preference is not guaranteed.

If "Declaration" is checked or no answer at the time of the call, your appeal will be heard and a decision delivered in your absence. You will be notified by mail of the Board's decision.

Reason for appeal (must be completed, attach additional sheets if needed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\$100.00 APPEAL HEARING FILING FEE OR COMPLETED HARDSHIP WAIVER FORM REQUIRED.** Your appeal will not be accepted unless a check, money order, or completed hardship waiver form is included with this appeal form. The appeal fee is not refundable unless the County is found to be wholly erroneous in its actions. The form and Appeal Fee or Hardship Waiver must be submitted in person or by mail to:

**LAND USE SERVICES DEPARTMENT**

**ATTN: FHA APPEALS**

**385 N Arrowhead Ave, First Floor**

**SAN BERNARDINO, CA 92415**

APPELLANT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

REV: 06/24/2022

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