



Land Use Services Department
Fire Hazard Abatement

David Doublet
Director

FORM MUST BE RETURNED BY THE COMPLIANCE DATE ON THE NOTICE AND ORDER TO ABATE

DATE APPEAL FORM SUBMITTED: _____ COMPLIANCE DATE: _____

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 if there is 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):

Three horizontal lines for writing the reason for appeal.

\$100.00 APPEAL HEARING FILING FEE REQUIRED. Your appeal will not be accepted unless a check or money order 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 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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