



Land Use Services Department Code Enforcement

David Doublet
Director

NOTICE OF INTENT TO ABATE APPEAL REQUEST

FORM MUST BE RETURNED WITHIN 20 DAYS OF THE NOTICE OF INTENT TO ABATE

DATE APPEAL FORM SUBMITTED: _____ DATE ON NOTICE OF INTENT TO ABATE: _____

CASE 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 there is a failure to appear, your appeal will be heard, and a decision delivered in your absence. You will be notified by mail of the Hearing Officer's decision.

Reason for appeal (must be completed, attach additional sheets if needed and documents necessary to support your appeal request):

\$100.00 ADVANCE DEPOSIT APPEAL 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. The form and Appeal Fee must be submitted in person or by mail to:

**LAND USE SERVICES DEPARTMENT
ATTN: CODE ENFORCEMENT NTAR APPEALS
385 N ARROWHEAD AVE, FIRST FLOOR
SAN BERNARDINO, CA 92415**

APPELLANT SIGNATURE _____

DATE _____

REV: 06/24/2022

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