



**Code Enforcement  
Short Term Rental Appeal Form  
Applicant or Permittee**

[www.SBCounty.gov](http://www.SBCounty.gov)

Office Use Only

**The form must be returned no later than the required date as listed below**

Today's Date: \_\_\_\_\_ Assessor Parcel Number: \_\_\_\_\_

Your Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Location of Property: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-mail Address (please print clearly): \_\_\_\_\_

I am appealing a Short-Term Rental Denial. The Appeal Form must be returned no later than 30 days from the Notice Date. **Application Number:** \_\_\_\_\_ **Notice Date:** \_\_\_\_\_

I am appealing a Short-Term Rental Suspension or Revocation. The Appeal Form must be returned no later than 10 days from the Notice Date. **Permit Number:** \_\_\_\_\_ **Notice Date:** \_\_\_\_\_

For your convenience, we are currently offering hearings by telephone or written declaration.  
(Should you require an in-person hearing, please contact our office at (909) 884-4056.)

I wish to appear by: Phone  Written Declaration

For Phone Hearings I prefer A.M.  P.M.  No Preference

We will try to accommodate your preferred time; however, your selection is not guaranteed.

I have enclosed the required \$100 Appeal Fee  I have submitted an Appeal Fee Hardship Waiver

**Required:** Reason for appeal (attach additional sheets if needed)

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**The Appeal Form and \$100 Appeal Fee, or completed a Hardship Waiver must be submitted in person or by mail to:**

San Bernardino County Land Use Services Department  
Attn: Code Enforcement Appeals  
268 W. Hospitality Lane, Suite 300  
San Bernardino, CA 92415

Appellant Signature

Date