SAN BERNARDINO COUNTY

Code Enforcement Written Order Appeal Form

	www.SBCounty.gov
Office I	Jse Only

Form must be returned no later than	n 20 days from the Written Order Date
I am appealing: Notice & Order to Abate	Abatement Invoice Stop Work Notice
Did you also receive an Administrative Citati	ion related to this matter?
	together with appealing a written order, please see the back of the citation
Today's Date:	Date on Notice/Invoice:
Assessor's Parcel Number (APN):	Case Number:
Responsible Party Name:	Phone:
Mailing Address:	
Location of Property:	
E-mail Address (please print clearly):	
Due to ongoing public health concerns in-pe	erson hearings have been suspended until further notice.
I wish to appear by: Phone Declaration	
For Phone Hearings I prefer A.M. P.M.	□ No Preference □
We will try to accommodate your preferred ti	ime; 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 addition	nal sheets if needed)
ne Appeal Form and \$100 Appeal Fee, or comple	eted a Hardship Waiver must be submitted in person or by mail to
	nty Land Use Services Department
	de Enforcement Appeals lospitality Lane, Suite 300
	Bernardino, CA 92415
Responsible Party Signature	 Date

FORM: WI REV: 07/01/2025