



# Land Use Services Department Fire Hazard Abatement

Terri Rahhal  
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? YES \_\_\_ NO \_\_\_ OR BY 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 no answer, 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 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

172 W 3<sup>rd</sup> STREET, 4<sup>th</sup> FLOOR

SAN BERNARDINO, CA 92415-0185

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

DATE \_\_\_\_\_

REV: 03/18/2021

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