

**COUNTY OF SACRAMENTO  
DEPARTMENT OF COMMUNITY DEVELOPMENT  
CODE ENFORCEMENT DIVISION  
NOTICE OF APPEAL**

The attached "*Notice of Appeal*" form may be used to appeal the issuance of any order, determination or action taken by the County of Sacramento under Sacramento Zoning Code (SZC) 6.6.9.H., or to appeal the confirmed report of costs Hearing Officer decision pursuant to SZC 6.6.12 or Sacramento County Code (SCC) sections 16.18.1004, 16.18.1006, 16.20.751, 16.20.756, 16.22.504, 16.22.505.

**Instructions**

To have your appeal considered, the attached form must be properly and completely filled out and accompanied by a **\$700.00 appeal hearing fee**. It must be filed with the Clerk of the Sacramento County Board of Supervisors located at 700 H Street, Suite 2450, Sacramento, California 95814.

If you have any questions concerning the appeal process please refer to the Sacramento County Code, which is available in the office of the Clerk of the Board of Supervisors or online at <http://qcode.us/codes/sacramentocounty/>. County staff members are not permitted to give legal advice concerning the use of this form or the appeal process. For all legal questions, please consult an attorney.

FILE WITH THE:

CLERK OF THE BOARD  
SACRAMENTO COUNTY BOARD OF SUPERVISORS  
700 H STREET, SUITE 2450, SACRAMENTO, CA 95814

PLEASE ATTACH FILING FEE OF \$700.00

**COUNTY OF SACRAMENTO  
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**1. NAME AND LEGAL INTEREST.** List the name of each person participating in this appeal followed by a brief statement setting forth the legal interest (such as owner, lien holder, etc.) of that person in the building or property described in the notice of violation or Hearing Officer Decision.

Name	Legal Interest
_____	_____
_____	_____
_____	_____

(Please attach an additional sheet with the names and legal interests of additional individuals participating in this appeal, if additional space is necessary and label the additional information as referring to paragraph number (1) one.)

**2. BASIS FOR APPEAL.** Describe the specific notice and/or order issued, determination made, or action taken by the County being protested by this appeal. State briefly, in concise language, the material facts which you claim support your contentions.

Describe: \_\_\_\_\_  
(i.e., "Order After Hearing to Confirm Report of Abatement Costs dated \_\_\_\_\_")

Facts: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Please attach an additional sheet if additional space is necessary and label the additional information as referring to paragraph number (2) two.)

**3. RELIEF SOUGHT.** State briefly, in concise language, the relief sought and the reasons why you claim the notice and/or order, determination, or action of the County should be reversed, modified, or otherwise set aside.

Relief: \_\_\_\_\_  
(i.e., "Hearing Decision should be reversed/modified/set aside.")

Reasons: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Please attach an additional sheet if additional space is necessary and label the additional information as referring to paragraph number (3) three.)

**4. SIGNATURE, MAILING AND E-MAIL ADDRESS, AND DAYTIME TELEPHONE NUMBER.** Each person participating in this appeal must sign this form and provide their mailing address, including zip code. Please also provide an e-mail address and daytime telephone number where each person may be reached.

Signature:

Mailing & E-mail Address, Daytime Phone Number

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Please attach an additional sheet if additional space is necessary and label the additional information as referring to paragraph number (4) four.)

**5. VERIFICATION:** At least one person participating in this appeal must execute the following verification as to the truth of the matters stated above.

I/We, the undersigned, declare under penalty of perjury, under the laws of the State of California, that the foregoing statements are true and correct, and that this declaration is executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at the City of \_\_\_\_\_, County of \_\_\_\_\_, in the State of \_\_\_\_\_.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**STAFF USE ONLY**

**DATE APPEAL AND FEE SUBMITTED:** \_\_\_\_\_

**APPEAL BODY: BOARD OF SUPERVISORS**

**TENTATIVE HEARING DATE:** \_\_\_\_\_

**(Date shall be within fifteen (15) days of the filing of the appeal and payment of the appeal fee.)**