

**COUNTY OF SACRAMENTO
COMMUNITY DEVELOPMENT DEPARTMENT**

**NOTICE OF APPEAL
Housing Code**

Any person entitled to service under Section 16.20.305(B) may appeal from any notice, determination, or any action of the Director under this chapter by filing a written appeal with the Code Enforcement Division within the specified time period. When properly and completely filled out, accompanied by an appeal deposit of \$700.00, and mailed, faxed, e-mailed to codeappeals@saccounty.gov, or hand-delivered to Sacramento County Code Enforcement Division, 10481 Armstrong Ave Ste. 110, Mather, CA 95655 or FAX (916) 874-8409, this form conforms with the requirements set forth in SCC 16.20.305(C) of the Housing Code for filing an appeal. The appeal shall not be deemed filed until payment of the appeal deposit has been received; provided, however, by regulation adopted pursuant to Section 16.20.205 of this chapter, setting forth the standards and procedure, the appeal deposit required hereby may be waived on the basis of financial hardship.

Make checks payable to: The County of Sacramento. If you are successful in your hearing, your deposit will be refunded. If you are unsuccessful, additional charges may be billed. Appeal forms may be obtained at <https://code-enforcement.saccounty.gov/Pages/Forms.aspx> or by calling the Code Enforcement Division at (916) 874-6444. You must attach a copy of this notice with your appeal.

A copy of Sacramento County Code, Title 16, Chapter 16.20 Sacramento Housing Code, Section 305(C) is available in the office of the Clerk of the Board of Supervisors for your convenience or online at https://library.qcode.us/lib/sacramento_county_ca/pub/county_code. Additionally, a copy of the Housing Code is available upon request from the Code Enforcement Housing Program's office. Their telephone number is (916) 874-6444.

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. You may obtain information about your case from the County's Housing Program office at (916) 874-6444.

PLEASE NOTE: "To be timely, the appeal deposit or basis for waiver of the appeal deposit if a regulation providing therefore has been adopted and written appeal shall be filed within fifteen (15) business days from the date of the service of the notice, determination or action of the Director; provided, however, that if the dwelling or portion thereof is in such condition as to make it immediately dangerous to the life, health, property, safety, or welfare of the occupants, public, or adjacent property, and it is ordered vacated, and it is posted in accordance with Section 16.20.330(C) concerning posting of a notice to vacate, to be timely such appeal shall be filed within (5) calendar days from the date of the service of the notice, determination or action of the Director. Only those who have timely filed an appeal may join or be joined in an appeal herein." (SSC § 16.20.305(C)(2))

SACRAMENTO COUNTY CODE ENFORCEMENT
NOTICE OF APPEAL
HOUSING CODE
(SCC § 16.20.500.a.)

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 tenant, owner, lien holder, etc.) of that person in the building or property described in the notice of violation, administrative civil penalty notice, notice and order, determination or action.

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 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: _____
(e.g. "Notice of Violation dated _____")

Facts: _____

(Please attach an additional sheet if additional space is necessary and label the additional information as referring to paragraph number 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: _____
(e.g. "Notice of Violation should be set aside")

Reasons: _____

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

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

Dated: _____

STAFF USE ONLY

DATE APPEAL SUBMITTED: _____

APPEAL BODY

BOARD OF SUPERVISORS

BOARD OF ZONING APPEALS

PROJECT COMMISSION

ADMINISTRATIVE HEARING OFFICER

TENTATIVE HEARING DATE: _____