

**COUNTY OF SACRAMENTO  
OFFICE OF DEVELOPMENT & CODE SERVICES**

**NOTICE OF APPEAL  
Housing Code**

The attached "*Notice of Appeal: Housing Code*" form may be used for appealing the issuance of any order, determination or action taken by the County of Sacramento under the Housing Code Enforcement Program found in Chapter 16.20 of the Sacramento County Code (hereinafter referred to as the Housing Code).

**Instructions**

To have your appeal considered, the attached form must be properly and completely filled out and accompanied by the 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, this form conforms with the requirements set forth in Article 5 of the Housing Code for filing an appeal.

If you have any questions concerning the appeal process please refer to the Sacramento County Code, Title 16, Chapter 16.20 Sacramento Housing Code, Article 5. A copy is available in the office of the Clerk of the Board of Supervisors for your convenience or online at <http://qcode.us/codes/sacramentocounty/>. Additionally, you may obtain a copy of the Housing Code, or information about your case from the Code Enforcement Division 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.

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 (SCC § 16.20.1135)

**PLEASE NOTE:** "To be timely, the appeal fee or basis for waiver of the appeal fee if a regulation providing therefore has been adopted and written appeal shall be filed within fifteen (15) days from the date of the service of such order, 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 16.20.440.a. concerning posting of a notice to vacate, to be timely such appeal shall be filed within (5) days from the date of the service of the order, determination or action of the Director. Only those who have timely filed an appeal may join or be joined in an appeal herein." (SSC § 16.20.500.b.)



**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**

**PROJECT COMMISSION**

**BOARD OF ZONING APPEALS**

**ADMINISTRATIVE HEARING OFFICER**

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