



**County of San Diego, Planning & Development Services**  
**ADMINISTRATIVE CITATION – REQUEST FOR**  
**APPEAL HEARING**  
**CODE COMPLIANCE DIVISION**

Name (appellant): \_\_\_\_\_ Case #: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ Assessor Parcel No. \_\_\_\_\_  
 Address of Violation: \_\_\_\_\_

**ALL PENALTY AMOUNTS MUST ACCOMPANY THIS APPEAL. ALL APPEALS MUST BE FILED WITHIN FOURTEEN (14) DAYS FROM THE DATE THE CITATION WAS ISSUED. PLEASE SUPPLY 2 SETS OF DOCUMENTS TO SUPPORT YOUR CLAIM, SUCH AS PHOTOS, DIAGRAMS, COPIES OF PERMITS, AND TESTIMONY OF WITNESSES.**

Amount Enclosed: \$ \_\_\_\_\_ Cashier's Check Money Order Cash

REASON(S) FOR APPEAL: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*You are entitled to have legal representation at the Appeal Hearing.*

My attorney will not be present.  
 My attorney will be present. Attorney name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Number of witnesses to appear at the hearing on your behalf: \_\_\_\_\_

*I declare under penalty of perjury that the foregoing statement and information provided by me is correct.*

Signature (Appellant): \_\_\_\_\_ Date: \_\_\_\_\_

**Appellant will be notified of time, date and location of the hearing by first class mail. Please mail appeal, supporting documentation, and payment to:**

**Planning & Development Services**  
**5510 Overland Avenue, Suite 110**  
**San Diego, CA 92123**  
**ATTN: Cashier**

**For County Use Only**

Date Appeal Received: \_\_\_\_\_ Received By: \_\_\_\_\_  
 Received Via: Mail Personal Delivery Other \_\_\_\_\_

**Accounting Information: Org 5670; Acct 9181; Act 426D02**