



CONTRA COSTA COUNTY

Department of Conservation & Development
Building Inspection Division
30 Muir Rd.

Martinez, CA 94553 1229 Telephone: (925) 674-7210 Fax: (925) 674-7250

APPEAL OF NOTICE AND ORDER TO ABATE

IF YOU INTEND TO APPEAL A NOTICE AND ORDER TO ABATE, THIS FORM MUST BE FILED WITH THE CLERK OF THE BOARD WITHIN THE PERIOD SPECIFIED IN THE NOTICE AND ORDER TO ABATE.

A \$125.00 APPEAL FEE OR AN APPLICATION FOR A FEE WAIVER MUST BE FILED WITH THIS FORM.

NAME OF PERSON APPEALING: (PLEASE PRINT) Doug las Rayal
NAME OF PROPERTY OWNER: (dogg Rows)
ADDRESS OF PROPERTY: 4049 Camino Vinedo MTZ, 94553
PARCEL NUMBER: 2801
DATE OF ISSUANCE OF NOTICE AND ORDER TO ABATE: File - 9-16
REASON(S) FOR APPEAL: I had gnother Fire and have been wasters for the Insurance to settle my claim and they just now Finally settled.
Insurance to settle my dam and they just now
Frally settled.
*
ADDRESS OF WHERE YOU WANT APPEAL HEARING NOTIFICATION MAILED: ADDRESS: 8 By by W
CITY: Mating STATE: Ca ZIP CODE: 94553
PHONE NUMBER: 925-228-6240 905-243-5251 925-812-0038
SIGNATURE: Dary Ray DATE: FW -7-19





REQUEST FOR WATVER OF THE \$125 FILING FEE

Individuals requesting a waiver of the \$125 filing fee for appealing the decision of the County Abatement officer before the Board of Supervisors must satisfy one or more of the following conditions to demonstrate economic harship:

- Appellant is legally indigent;
- 2. Appellant is receiving benefits pursuant to the Supplemental Security Income (SSI) and State Supplemental Payments (SSP) programs, the Aid to Families with Dependent Children (AFDC) program, or the Food Stamp program (Section 17000 Welfare and Institutions Code);
- Appellant has a monthly income of \$125% or less of the current monthly poverty line annually established by the U. S. Secretary of Health and Human Services pursuant to the Omnibus Budget Reconciliation Act of 1981, as amended; or
- Appellant is unable to proceed without using money which is necessary for the use of the appellant or appellant's family to provide for the common necessities of life.

(CCC Ord. Code Sec. 14-6.416; Gov. Code Sec. 68511.3)

Following acknowledgement that I have read the conditions noted above and believe I satisfy one or more of the conditions, I am therefore requesting the Clerk of the Board to waive the filing fee of \$125 for appealing the decision of the County Abatement Officer as stated in the Order to Abate a Public Nuisance dated

I declare under penalty of perjury that the foregoing statement, including any accompanying statement(s) or document(s) in support of this request, is true and correct.

(Signature of Apperhent)

on Feb - 7-19
(date)

at Matner C. (city, State)