

APPEAL OF NOTICE/ORDER TO THE HOUSING APPEALS BOARD

(Pursuant to Sections 161.1001.A.4 and 161.1004.B.2 of the Los Angeles Housing Code)
CED FORM # 3. REV DATE: 08-13-2018



A. What is the purpose of this form?

Any party wishing to appeal a notice/order issued pursuant to the Los Angeles Housing Code (Article I, Chapter XVI of the Los Angeles Municipal Code) may submit this form requesting the Housing Appeals Board review of the notice/order. You may consider calling staff at the number provided on the notice/order for questions prior to submitting this form.

ATTENTION: This form is **NOT** for appealing (1) a General Manager’s Hearing Officer Decision issued pursuant to Division 8 of the Los Angeles Housing Code, (2) Zoning Code violation cited on the Order, or (3) Inspection fees and/or penalties.

B. When to file this form?

This form must be filed with the Department within 15 calendar days of service of the challenged notice or before the expiration of the compliance date specified in the challenged order, whichever occurs later.

C. Where to file this form?

This form will be accepted at our public counter or by mail at the following addresses:

HCIDLA CENTRAL OFFICE 3550 Wilshire Blvd, Suite 1500 Los Angeles, CA 90010	HCIDLA EAST OFFICE 2130 E. 1 st Street, Suite 2600 Los Angeles, CA 90031	HCIDLA WEST OFFICE 1645 Corinth Ave, Suite 104 Los Angeles, CA 90025
HCIDLA NORTH OFFICE 6400 Laurel Canyon Blvd., Suite 610 North Hollywood, CA 91606	HCIDLA SOUTH OFFICE 690 Knox Street, Suite 125 Torrance, CA 90502	

D. How to prepare this form?

- Read and follow all instructions provided on this page. If you are the person appealing, you are the “Appellant.”
- Complete all parts (A-C) on page 2. If you do not have the information, write N/A.
- Read, sign and date part D on page 2.
- Identify all supporting documents by writing the case number on bottom right of each page.
- The Appellant has the burden of proving the basis of the appeal by a preponderance of the evidence.
- Make sure to attach a copy of the contested order with this form.
- For more information on Appeals, please refer to Section 161.1004 of the Los Angeles Municipal Code.

E. Is there a fee required to be submitted with this form?

Yes, you must submit a non-refundable filing fee with this form. If mailing the form, attach a check or money order for exactly one hundred and fifty dollars (U.S. \$150) made payable to “City of Los Angeles-HCIDLA.” Be sure to write the parcel number (APN) on your check. All checks must be drawn on a bank located in the United States. To pay the filing fee by credit card or cash, please visit one of the above locations. Your appeal may be rejected if you fail to submit the filing fee. Eligible appellants may request a waiver of the filing fee if they qualify. Ask for a Fee Waiver Request Form from staff. There may also be an inspection fee that must be paid when an inspection of the site condition is requested by the Appeals Board.

F. What is the Appeals Process?

After processing your form, if a hearing is scheduled for your appeal, you will be notified about the date, time, and location of the hearing. Failure to attend the hearing without a showing of good cause may result in an automatic denial of this appeal. The Housing Appeals Board will make its decision within fifteen (15) calendar days of the hearing. The decision of the Appeals Board is final; however, you may appeal the Board’s decision by filing a timely action in a court of competent jurisdiction. Filing of the appeal stay enforcement of those portions of the challenged notice/order pending the Housing Appeals Board decision. If you have any questions regarding the appeals process or would like to know the status of your appeal, kindly call the number provided on the order and request to speak with the Senior Inspector by providing the APN and/or HCIDLA case number.



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PART A: PROPERTY-APPELLANT INFORMATION

APN #: _____

Property Address: _____

Owner's Name: _____

Appellant's Name: _____

Appellant's status: Owner Authorized Agent/Representative

Other: _____

Appellant's Mailing Address: _____

Appellant's Phone #: _____

Appellant's Email: _____

THIS SPACE FOR HCIDLA OFFICE USE ONLY

Place received stamp here

Appeals Processing Fee Paid? Yes No

Payment Type: Cash CC Check: _____

Office: East West North South Central

Processed By: _____

PART B: ORDER INFORMATION

HCIDLA Case #: _____ Date of the Notice/Order: _____ Compliance Date on the Order #: _____

PART C: BASIS FOR APPEAL (JUSTIFICATION)

The Appeals Board may only reverse or modify an action upon finding an error of law, error of fact, or abuse of discretion. Please describe specifically, how the issuance of the notice/order was in error or constituted an abuse of discretion.

Check this box if you are attaching additional sheets and/or documents/photos/permits etc.

PART D: ACKNOWLEDGEMENT AND SIGNATURE OF APPELLANT

I have read and understood all instructions provided on page 1 and I declare that the information stated in this form and any accompanying documents is true and correct to the best of my knowledge.

Appellant's Signature: _____ Date: _____