



CITY OF OAKLAND

250 FRANK H. OGAWA PLAZA ▪ SUITE 2340 ▪ OAKLAND, CALIFORNIA 94612-2031

Department of Planning and Building

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## APPEAL OF CODE ENFORCEMENT NOTICE TO REGISTER AN INVESTOR OWNED PROPERTY &/OR PENALTY ASSESSMENT

### Instructions

If you have received a Notice to Register an Investor-Owned Residential Property and/or have been assessed a penalty and charged fees and/or fines related to non-registration or associated code violations you have the right to an appeal heard by a Hearing Examiner. Please complete this form and send it along with supporting documentation by email to [IORegistration@oaklandnet.com](mailto:IORegistration@oaklandnet.com) or c/o Jean Casey, IORP Program, Building Services Department, at 250 Frank Ogawa Plaza, 2<sup>nd</sup> Floor, Oakland, CA 94612. Appeals are first provided an administrative review and if the administrative determination is negative to the appellant, the appellant can proceed with a review by a Hearing Examiner.

**Appeal forms must be accompanied by a check payable to the City of Oakland for \$113.61 and received within 30 days from the date of the notice of violation or fee assessed.** If this appeal is denied following an administrative review and you request a hearing by a Hearing Examiner, an additional fee of \$681.62 will be required. If the appeal is granted, this fee will be refunded. If the appeal is denied, you will also be invoiced for the cost of the Hearing Officer.

Property Address: \_\_\_\_\_ APN \_\_\_\_\_

Case #: \_\_\_\_\_ Owner's Name \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
City State Zip

Contact Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

*To avoid fee charges, you should contact City Staff as directed in the notice if you believe that you have been identified as a responsible party in error or if you believe you have been assessed fees after correcting the violation.*

**Briefly describe the reason you are appealing this Notice to Register or Penalty Assessment:**

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### *Office Use Only*

Receive Date: \_\_\_\_\_ Forwarded to \_\_\_\_\_  
Determination:  Approved  Denied  \_\_\_\_\_ Date forwarded to Hearing Coordinator \_\_\_\_\_  
Administrative Reviewer \_\_\_\_\_

Inspector \_\_\_\_\_