



County of Fresno

BOARD OF SUPERVISORS

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Notice of Hearing before the Board of Supervisors of the County of Fresno, Appeal of Administrative Citation

Sone Sengsiri
3737 N. Del Rey Avenue
Sanger, California 93657

Mr. Sengsiri:

Notice is hereby given that the Board of Supervisors of the County of Fresno has set a public hearing for **Tuesday, the 15th day of September 2015, at the hour of 9:00 a.m.**, or as soon thereafter as the matter may be called, in the Board Room of said Board of Supervisors, Room 301, Hall of Records, 2281 Tulare Street, in the City of Fresno, to consider the following matters:

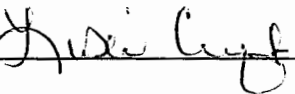
Consider and take action on appeal of administrative citation in the amount of \$5,000 filed by Sone Sengsiri, pertaining to the property located at 3737 N. Del Rey, Sanger, California 93657 for violations of Fresno County Ordinance Code section 10.60.060 of Title 10, Medical Marijuana Cultivation Regulations.

This hearing is being conducted pursuant to the request for hearing you filed with the County of Fresno on August 17, 2015. This hearing is your opportunity to appear and show cause as to why the administrative fine should not be imposed on you.

The Agenda and Agenda Item for this hearing will be mailed to you at the address listed above and will be available on the County of Fresno's website at <https://fresnocounty.legistar.com/Calendar.aspx>, by Thursday, September 10, 2015, at 6:00 p.m.

DATED: August 19, 2015

BERNICE E. SEIDEL
Clerk, Board of Supervisors

By , Deputy

English

You have requested a hearing to contest an administrative citation you received for cultivating marijuana in violation of the Fresno County Ordinance Code. The hearing will be conducted in English. It is your responsibility to bring an interpreter if you feel you need the assistance of an interpreter to understand what is being said at the hearing, or for others to understand what you are saying. The County will not provide interpretation assistance.

Spanish

Usted ha solicitado una audiencia para impugnar un citatorio administrativo que recibió por cultivar marihuana en violación al Código de Ordenanzas del Condado de Fresno. La audiencia se llevará a cabo en inglés. Usted tiene la responsabilidad de llevar a un intérprete si le parece que va a necesitar la ayuda de un intérprete para entender lo que se estará diciendo durante la audiencia, o para que otras personas entiendan lo que usted estará diciendo. El Condado no proporcionará la asistencia de un intérprete.

Hmong

Koj tau thov tuaj sib hais (hearing) vim tsis txaus siab txog qhov koj tau txais ib daim ntawv raug nplua (administrative citation) txog qhov cog xas (cultivating marijuana) txhaum Fresno County Txoj Cai (Fresno County Ordinance Code). Qhov kev sib hais yuav hais ua lus Amerikas. Koj yuav tau coj ib tug neeg tuaj txhais lus rau koj yog koj xav tias muaj tus txhais lus yuav ua rau koj to taub cov lus sib hais losyog ua rau lwm tus neeg to taub koj cov lus hais. County tsis muaj kev pab txhais lus rau koj.

Cambodian

អ្នកបានស្នើសុំសវនាការមួយ ដើម្បីជំទាស់ការបង្គាប់ឱ្យចូលចូលតាមច្បាប់របស់ខ្ញុំ ដែលអ្នកបានទទួលចំពោះការធ្វើអាជីវកម្មកញ្ឆា

ដែលកំណត់កម្រិតនៃការប្រើប្រាស់ (Fresno County Ordinance Code)។ សវនាការនេះ

នឹងប្រព្រឹត្តទៅដោយប្រើភាសាអង់គ្លេស។ ហើយនេះ គឺជាទទួលខុសត្រូវរបស់អ្នក ដើម្បីនាំយកអ្នកបកប្រែភាសា បើអ្នកមានអារម្មណ៍ថាអ្នកក្រៃពេកឬមិនយល់អ្នកបកប្រែភាសា

ដើម្បីយល់ដឹងអំពីអ្វីដែលនិយាយនៅសវនាការ ឬអ្នកផ្សេងទៀតដែលយល់អំពីអ្វីដែលអ្នកនិយាយ។ ទោធី County

នឹងមិនផ្តល់ជំនួយអ្នកបកប្រែភាសាឡើយ។

Vietnamese

Bạn được yêu cầu đến dự phiên tòa tranh luận về một phán quyết hành chính bạn đã nhận được về hành vi trồng cần sa vi phạm Luật pháp Hạt Fresno. Phiên toàn sẽ sử dụng tiếng Anh. Bạn phải có trách nhiệm đi cùng một phiên dịch viên nếu bạn cảm thấy rằng bạn cần sự hỗ trợ của một phiên dịch viên để có thể hiểu mọi điều được đề cập đến trong phiên tòa, hoặc để những người khác hiểu mọi điều bạn đang nói. Hạt Fresno sẽ không hỗ trợ phiên dịch.

Laotian

ທ່ານໄດ້ຂໍໃຫ້ມີການພິຈາລະນາສືບສວນເພື່ອແກ້ຕ່າງພາຍເກາະຕົວທາງດ້ານບໍລິຫານ ທີ່ທ່ານໄດ້ຮັບຕໍ່ກັບ ການປູກກັນຊາໃນການລະເມີດກົດລະບຽບຄຳສັ່ງຂອງຄາວຕີ້ເພັຣັສໂນ (Fresno County Ordinance Code). ການພິຈາລະນາສືບສວນຈະດຳເນີນການໂດຍໃຊ້ພາສາອັງກິດ. ມັນເປັນຄວາມຮັບຜິດຊອບຂອງ ທ່ານທີ່ຈະຕ້ອງໄດ້ເຂົ້າລຳມ່ວນແປພາສາມານຳ ຖ້າທ່ານຮູ້ລຶກວ່າ ທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອຂອງລຳມ່ວນ ແປພາສາ ເພື່ອໃຫ້ເຂົ້າໃຈສິ່ງທີ່ເວົ້າຢູ່ໃນການພິຈາລະນາສືບສວນ, ຫຼືໃຫ້ຜູ້ອື່ນເຂົ້າໃຈໃນສິ່ງທີ່ທ່ານເວົ້າ. ທາງຄາວຕີ້ຈະບໍ່ມີການຈັດການຊ່ວຍເຫຼືອເລື່ອງການແປພາສາໃຫ້.

PROOF OF SERVICE

I, Lisa Craft, declare as follows:

I am a resident of the State of California, over the age of eighteen years, and not a party to the within action. I am employed at the Clerk to the Board of Supervisors' Office, Hall of Records, Third Floor, 2281 Tulare Street, Fresno, CA 93721. On August 19, 2015, I served a copy of the within document

Notice of Hearing before the Board of Supervisors of the County of Fresno, Appeal of Administrative Citation.

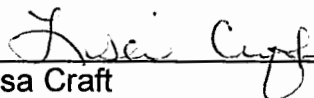
on the interested party(ies) in said action addressed as follows:

Sone Sengsiri
3737 N. Del Rey Avenue
Sanger, California 93657

- by placing the document(s) listed above for mailing in the United States mail at Fresno, California, in accordance with my employer's ordinary practice for collection and processing of mail, and addressed as set forth above.
- by transmitting via facsimile the above listed document(s) to the fax number(s) set forth above on this date before 5:00 p.m. pacific standard time.
- by personally delivering the document(s) listed above to the person(s) at the address(es) set forth above.
- by placing the document(s) listed above in a sealed envelope, and placing the same for overnight delivery by California Overnight at Fresno, California.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on August 19, 2015, at Fresno, California.



Lisa Craft



For Office Use Only	
Date received:	_____
Copied to:	_____
Date copy sent:	_____
Hearing set for:	_____

REQUEST FOR HEARING
MEDICAL MARIJUANA
ADMINISTRATIVE CITATION APPEAL

Date: 8-17-15

Return to:

BERNICE E. SEIDEL, Clerk, Board of Supervisors
 Hall of Records, Room 301
 2281 Tulare
 Fresno, CA 93721

I wish to appeal for the following specific reason(s):

I ~~grow~~ Marijuana
for smoke and I mix with tea to because
to help address ~~and~~ and my lung and my
then that help me alot

Please notify me of the date and time of the appeal hearing before the Board of Supervisors at the following address:

Appellant

Sone Gongsiri
 (Name)
3787 N Del Rey Ave. Sunnyvale CA
 (Address) (City)
95057 (559) 681-5653
 (Zip Code) (Daytime Phone No.)

Note: Fresno County Ordinance Code Section 10.64.070 sets forth the applicable procedures for the Board of Supervisors appeal hearing related to the administrative citation.

(Signature)

ADMINISTRATIVE CITATION

1. Date: 8/12/15 Case No: 15-11810 Citation No: 1
2. Location of Property: 3737 N. DEL REY APN: 309-170-07
3. The following Fresno County Ordinance Codes were violated on the following date: 8/12/15 and on the property noted above:

Description of Violation: Fresno County Ordinance Section 10.60.060 of Title 10 – cultivation of medical marijuana where prohibited

4. A fine/penalty of \$ 5,000 has been imposed pursuant to Fresno County Ordinance Code 10.64.04 – The administrative citation penalty for each and every medical marijuana plant cultivated in violation shall be (1) One Thousand Dollars (\$1,000) per plant; plus (2) One Hundred Dollars (\$100) per plant per day the plant remains unabated past the abatement deadline set forth in the administration citation.

All Citations must be paid within 30 days. No invoice will be sent.
AMOUNT DUE: \$ 5,000 PAYMENT DUE BY: 9/10/15

5. PAYMENT AND COLLECTIONS: Pursuant to Fresno County Ordinance Code 10.64.080, fines shall be paid within 30 days of the date of issuance of this Citation, listed below. Fines shall be made payable to "County of Fresno" in person or by mail to 2281 Tulare Street, Room 105, Fresno, CA 93721. In the event the responsible party fails to pay the administrative penalty when due, the County may take any actions permitted by law or Ordinance to collect the unpaid penalty, which shall accrue interest at a rate of ten (10) percent per month, commencing thirty (30) days after the administrative penalty becomes due and continuing until paid.
6. APPEAL: You have the right to contest this Citation by filing a request for hearing within Fifteen (15) days from the date this Citation was mailed (noted below). You may file the appeal with the Clerk to the Board of Supervisors at 2281 Tulare Street, Room 301, Fresno, CA 93721. The Fresno County Board of Supervisors will preside at the hearing and hear all facts and testimony presented and deemed appropriate. The hearing will be set for a date that is not less than ten (10) days from the date of mailing.

Recipient's name and address:

(Name) SONE SENGSIRI

Address: 3737 N. DEL REY

SANGER CA 93657

Code Enforcement staff name and telephone number:

Name: C. McSWAIN

Phone No.: 600-8423

Code Enforcement Signature:

I, the above-named Code Enforcement staff, certify under penalty of perjury, that I caused this Citation to be mailed by first class mail postage prepaid with return receipt requested to the above-named recipient at the recipient's address on

_____, 2015.

PROOF OF SERVICE

I, Lisa Craft, declare as follows:

I am a resident of the State of California, over the age of eighteen years, and not a party to the within action. I am employed at the Clerk to the Board of Supervisors' Office, Hall of Records, Third Floor, 2281 Tulare Street, Fresno, CA 93721. On August 28, 2015, I served a copy of the within document

Board Agenda Item, Exhibit A Map Showing Location of Property, Exhibit B Citation Issued to Appellant, Exhibit C Request for Hearing Filed by Appellant, Exhibit D Incident Report, Exhibit E Notice of Hearing Sent to Appellant, Exhibit F Photos of Property.

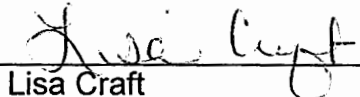
on the interested party(ies) in said action addressed as follows:

**Sone Sengsiri
3737 N. Del Rey Avenue
Sanger, California 93657**

- by placing the document(s) listed above for mailing in the United States mail at Fresno, California, in accordance with my employer's ordinary practice for collection and processing of mail, and addressed as set forth above.
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- by personally delivering the document(s) listed above to the person(s) at the address(es) set forth above.
- by placing the document(s) listed above in a sealed envelope, and placing the same for overnight delivery by California Overnight at Fresno, California.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on August 28, 2015, at Fresno, California.



Lisa Craft

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Sone Sengsiri
3737 N. Del Rey Ave
Sanger, CA 93657

2. Article Number
(Transfer from service label) 7011 0470 0000 6064 7856

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee
- B. Received by (Printed Name) Date of Delivery
- SONE SENGSIRI 8/20/05
- D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.
4. Restricted Delivery? (Extra Fee) Yes No

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Sone Sengsiri
3737 N. Del Rey Ave
Sanger, CA 93657

2. Article Number
(Transfer from service label) 7011 0470 0000 6064 7870

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee
- B. Received by (Printed Name) Date of Delivery
- SONE SENGSIRI 8/20/05
- D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.
4. Restricted Delivery? (Extra Fee) Yes No

CERTIFIED MAIL™ RECEIPT
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Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	

Postmark Here

Sent To

Sone Sengsiri
Street, Apt. No., or PO Box No. 3737 N. Del Rey Ave
City, State, ZIP+4 Sanger, CA 93657

PS Form 3800, August 2006

See Reverse for Instructions

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL USE

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	

Postmark Here

Sent To

Sone Sengsiri
Street, Apt. No., or PO Box No. 3737 N. Del Rey Ave
City, State, ZIP+4 Sanger, CA 93657

PS Form 3800, August 2006

See Reverse for Instructions