## CITY OF OAK RIDGE



Request Date:	
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Community Development Department (865) 425-3531 Code Enforcement Division (865) 425-3532 200 S. Tulane Ave. Oak Ridge, TN 37830

## **CODE ENFORCEMENT DEPARTMENT ADMINISTRATIVE HEARING REQUEST**

Violation Address:		Oak Ridge, TN 37830	Permit #:			
Applicant's Name:		Applicant is: _	Owner OR In	terested Party		
Applicant's Address:		Phone:				
What code violation are you req	uesting a Departn	nent Administrative Hear	ring for?			
□Property Maintenance □Bu	uilding <b>□</b> Fire	☐Mechanical/Gas ☐	Plumbing	al <b>□</b> Other		
Code Section #:	, Code Section #	Code Section #:, Code Section #:				
Please provide the background or issue drawings to support this request		re-consideration: Add pages				
Requestor Signature:		Email:				
BELOW FOR OFFICIAL USE ONLY						
HEARING Date:		TIME of Hearing:	a.m	p.m.		
Department Hearing Officer (pr	rint):	Name	Title			
Decision:			nue			
Department Hearing Officer Sig	gnature		Inspector Signature (if present)			