



**CITY OF HIALEAH CODE COMPLIANCE DIVISION**

501 Palm Avenue, 2<sup>nd</sup> Floor, Hialeah, Florida 33010 \* (305) 883-5832

**ADMINISTRATIVE HEARING REQUEST FORM  
NOTICE OF CIVIL VIOLATION APPEAL**

The undersigned, as the owner of the property, license holder, or agent duly authorized, hereby appeals the decision of the Inspector in the issuance of a Notice of Civil Violation (“NOV”) more particularly described below, and requests a hearing before the Special Master of the City of Hialeah: *(Attach a copy of the NOV to this form)*

Date NOV was issued: \_\_\_\_\_ Reference No.: \_\_\_\_\_

Name of the Inspector who issued the NOV: \_\_\_\_\_ Complaint ID No.: \_\_\_\_\_

Property address: \_\_\_\_\_ Folio No.: \_\_\_\_\_  
*(Location where violation(s) where observed)*

Name of Property Owner(s)/Violator(s): \_\_\_\_\_ Phone number: (\_\_\_\_) \_\_\_\_\_

Mailing address: \_\_\_\_\_ Email address: \_\_\_\_\_

**Summary statement grounds for appeal:**

*(Use additional paper as needed)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant’s Information**

Applicant’s Name: \_\_\_\_\_ Relation to the Property Owner/Violator: \_\_\_\_\_

Mailing address: \_\_\_\_\_ Phone number: (\_\_\_\_) \_\_\_\_\_ Email address: \_\_\_\_\_

Will the Property Owner/Violator be represented by Counsel?  Yes  No *(not required)*

If yes, then: Name of Counsel: \_\_\_\_\_ Phone number: (\_\_\_\_) \_\_\_\_\_

Mailing address: \_\_\_\_\_ Email address: \_\_\_\_\_

I acknowledge that the property owner/ violator or a duly authorized agent must attend the administrative hearing in person. If the property owner/ violator or a duly authorized agent fails to attend the administrative hearing, I understand that my case may be adjudicated in my absence and I may be assessed administrative hearings costs in the amount of \$150 in addition to any other applicable civil penalties and costs, if the NOV is affirmed by the Special Master.

Applicant’s signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**This request must be completed and signed in order to be accepted and processed.**

**Submit request in person or by mail to the Code Compliance Division, 501 Palm Avenue, 2<sup>nd</sup> floor Hialeah, Florida 33010**

**FOR ADMINISTRATIVE USE ONLY**

Date Received: \_\_\_\_\_ Date Hearing Scheduled: \_\_\_\_\_

Received by: \_\_\_\_\_  violation(s) corrected  civil penalties paid