



DISTRICT OF COLUMBIA
OFFICE OF ADMINISTRATIVE HEARINGS
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Appeal of a Final Decision from the Department of Buildings (DOB) Regarding a Stop Work Order

*You may use this form if you appealed a Stop Work Order to DOB, and DOB either denied your appeal or has not timely acted on your appeal. If available, attach copies of the **Stop Work Order** and the **appeal** you filed with DOB.*

Section 1 – Contact Information

Check one: <input type="checkbox"/> Property Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Other:	
Your Name:	Your Mailing Address:
Your Telephone:	
Your Email Address (<i>if any</i>):	Your Ward (<i>if known</i>):
<input type="checkbox"/> Consents to receive documents by email only	
<i>If you have a representative for this case:</i>	
<input type="checkbox"/> Non-Attorney Representative (as allowed by OAH Rule 2835) <input type="checkbox"/> Attorney	
Representative Name	Representative Telephone:
Representative Email Address:	Representative Mailing Address:
<input type="checkbox"/> Consents to receive documents by email only	

Section 2 – Stop Work Order Information

Stop Work Order Date: _____

Date of Appeal to DOB Reviewing Official: _____

Stop Work Order Address: _____

Have you paid the fine for which you now seek a refund? YES NO

Section 3 – Why do you need a hearing?

In the space below, briefly describe your reason for filing this appeal, any key dates involved, and what you want the judge to do. Use an additional page if needed.

Section 5 – Language Access

Do you need OAH to provide an interpreter to help you participate in the hearing?

Yes No

If yes, what language do you need? _____

Section 6 – Reasonable Accommodation

Do you need a reasonable accommodation to help you participate in the hearing?

Yes No

If yes, please explain: _____

Section 7 – Who Prepared the Appeal?

Signature of the person who prepared the appeal:

Signature

Print Name

Date

Email, telephone, mailing address of person who prepared the appeal (if not printed above):

