

NOTICE OF APPEAL  
16 De. C. Section 6608

Received: \_\_\_\_\_  
Notice Sent: \_\_\_\_\_  
Hearing Sent: \_\_\_\_\_

TO: STATE FIRE PREVENTION COMMISSION  
DELAWARE FIRE SERVICE CENTER  
1463 CHESTNUT GROVE ROAD  
DOVER, DE 19904

NOTICE OF APPEAL

APPELLANT'S NAME:  
ADDRESS:  
ATTORNEY'S NAME:  
ADDRESS:

TELEPHONE:  
  
TELEPHONE:

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I appeal from an order, requirement, decision or refusal made by the State Fire Marshal or his Deputy and request the Commission to:

- \_\_\_ Find that the State Fire Marshal or his Deputy is in error and reverse the erroneous decision.
- \_\_\_ Grant a special exception, interpret a regulation or decide upon a special question.
- \_\_\_ Authorize a variance from a particular provision of the Commission's Regulations.

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I attach the following documents and information to assist the Commission to establish whether cause exists to hold a hearing:

- \_\_\_ 1. A copy of the order, decision, or refusal made by the State Fire Marshal or his Deputy or Deputies alleged to be in error. (ALWAYS REQUIRED)
- \_\_\_ 2. A statement outlining the reason(s) why, and evidence supporting a finding that the order, requirement, decision or refusal is in error.
- \_\_\_ 3. A statement outlining the special exception, interpretation, special question or variance requested. This statement shall be specific in nature and shall include a citation of the specific regulation and the reason(s) why, and any evidence supporting the request.
- \_\_\_ 4. Any other information or documentation useful to the Commission. For a variance, this information shall include a showing that the variance will not cause substantial detriment to the public safety nor will it substantially impair the intent and purpose of the regulation in question.

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SIGNATURE

DATE

TITLE

IF NOT APPELLANT, RELATIONSHIP TO APPELLANT: \_\_\_\_\_