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| **ORDER OF ABATEMENT OR TO CEASE AND DESIST DUE TO NUISANCE**  In accordance with Executive Order No. 7PP | **[Local Health Director or**  **Municipal Designee]**  **[Town/City/Borough/District]**  [Insert Address] |  |

*Instructions:*

1. *This Order must be signed by the Local Health Director or the Municipal Designee.*
2. *All areas in boxes and bracketed areas must be completed by preparer.*
3. *Prepare in duplicate; and provide a copy to the Directed Person or Entity upon issuance; a copy to be retained by preparer.*
4. *Provide Directed Person or Entity with copy of Appeal Rights (attached) upon issuance.*

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| **DIRECTED PERSON OR ENTITY** (name): | **ADDRESS OF DIRECTED PERSON OR ENTITY** (no., street, town, state, and zip): |
| **ADDRESS OF THE PREMISES OWNED BY, OR UNDER THE CHARGE OF, THE ABOVE-NAMED PERSON OR ENTITY, WHERE VIOLATION EXISTS:** | **Type of Business allowed to reopen under the rules issued by the Department of Economic and Community Development (“Sector Rules”)**  □ Public Health Facility  □ Other, Specify: |
| **ORDER: □** Abatement  **□** Cease and Desist | **EFFECTIVE DATE OF ORDER:**  □ Immediately  □ Other, as specified: |
| **NATURE OF NUISANCE and VIOLATION OF SECTOR RULES:** | |
| **ABATEMENT, CLOSURE and/or OTHER CORRECTIVE ACTION REQUIRED** (if applicable)**:** | |
| **DATE FOR ABATEMENT, CLOSURE and/or OTHER CORRECTIVE ACTION COMPLIANCE** (if applicable)**:** | |
| **DATE OF INSPECTION:** | **INSPECTOR NAME AND TITLE:** |
| I am:  **□** Local Health Director of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **□** Municipal Designee of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **NAME (print)** | **SIGNATURE** |
| **TITLE** | **DATE** |

**RIGHT OF APPEAL:**

**Connecticut General Statutes Sec. 19a-229** states “Any person aggrieved by an order issued by a town, city or borough director of health may appeal to the Commissioner of Public Health not later than three business days after the date of such person’s receipt of such order, who shall thereupon immediately notify the authority from whose order the appeal was taken, and examine into the merits of such case, and may

vacate, modify or affirm such order.”

**The Regulations of Connecticut State Agencies provide:**

**Sec. 19a-9-14**: Appeals of orders issued by a town, city, borough, or district director of health.

(a) Any person aggrieved by an order issued by a town, city, borough, or district director of health may appeal said order to the commissioner.

(b) The notice of appeal shall be filed with the commissioner not later than three business days after the date of such person’s receipt of such order.

(c) The notice of appeal shall state:

(1) the name, address, and telephone number of the person claiming to be aggrieved;

(2) the name of the issuing authority;

(3) the way in which the order adversely affects the person claiming to be aggrieved;

(4) the order being appealed; and

(5) the grounds for appeal.

(d) ***Telephonic notice of appeal to the office of the commissioner shall be satisfactory as the initial notice of***

***appeal, provided written notice of appeal from the person claiming to be aggrieved is received by the department within ten (10) days of the telephonic notice.***

(e) An appeal from an order issued by a town, city, borough, or district director of health shall be a *de novo* proceeding conducted in accordance with the regulations governing contested cases as set forth in sections 19a-9-1 through 19a-9-29 of the Regulations of Connecticut State Agencies.

(f) Any order issued by a town, city, borough, or district director of health shall include a notice of the right to appeal which shall indicate the name and telephone number of the commissioner or the commissioner’s designee, and shall be accompanied by copies of sections 19a-9-8 and 19a-9-14 of the Regulations of Connecticut State Agencies.

**Sec. 19a-9-8**: Date due when due date falls on a date the department is closed.

If the last day of any statutory or regulatory time frame falls on a day on which the department is closed, any paper may be filed, or any required action may be taken on the next business day the department is open. Such filing or action shall be deemed to have the same legal effect as if done prior to the expiration of the time frame.

You may appeal the order by ***calling the Department not later than three business days after receipt of the order***at the following number: **(860) 509-7566.** It is sufficient to leave a message with your name, number and, a description of the order you are appealing.

The telephone call ***must be followed up*** ***with a written notice of appeal that must be received by the Department within ten days of the telephonic notice.***

**PLEASE NOTE:** It is ***not sufficient*** that the written notification be postmarked within ten days. ***It must be received by the department within ten days****.* Delays caused by the Post Office will not excuse failure to comply with this requirement.

The written notice of appeal following the telephonic notice may be delivered to the Department by facsimile, electronic mail, or by first class or certified mail to the following address:

**Facsimile: (860) 707-1904**

**Electronic mail: agnieszka.salek@ct.gov**

**Regular mail:**

**Department of Public Health**

**Public Health Hearing Section**

**410 Capitol Avenue MS 13 PHO**

**P.O. Box 340308**

**Hartford, CT 06134-0308**