



**Commonwealth of Massachusetts  
Division of Occupational Licensure  
Office of Public Safety and Inspections  
Architectural Access Board**

1000 Washington St., Suite 710 • Boston • MA • 02118  
V: 617-727-0660 • [www.mass.gov/aab](http://www.mass.gov/aab)

Docket Number

(Office Use Only)

*Docket Number:* \_\_\_\_\_  
(Staff Use Only)

**REQUEST FOR ADJUDICATORY HEARING**

RE: \_\_\_\_\_  
(Name and address of building as appearing on application for variance)

I, \_\_\_\_\_, do hereby request that the Architectural Access Board  
conduct an informal Adjudicatory Hearing in accordance with the provisions of 801 CMR Rule 1.02 et.  
seq. as I am aggrieved by the decision of the Board with respect to Section(s)

\_\_\_\_\_ of the Rules and Regulations of the Architectural Access Board, 521 CMR.

I understand that I may request such a hearing within **thirty (30) days** of receipt of the Notice of Action.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

**PLEASE PRINT:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/Town State Zip Code

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Telephone

**PLEASE NOTE:**

This form must be received by the Board **within thirty (30) days** after receipt of the Notice of Action.