



Notice of Appeal

This form is used to file an appeal of an order, notice, decision, determination, or ruling by the Allegheny County Health Department. Please complete this form (use additional pages as necessary). If more than one person or entity is filing this appeal, please attach a separate form for each additional appellant. **A copy of the order, notice, decision, determination, or ruling must be attached to the Notice of Appeal.**

Name DANE' MARSHALL

Mailing Address 41 S. GRANDVIEW AVE

City PITTSBURGH State PA Zip 15205 Email DFILEY28@COMCAST.NET

Phone 412-491-6987 Fax (optional) 412-

If you are represented by an attorney, please provide contact information for your attorney:

Name _____

Mailing Address _____

City _____ State _____ Zip _____ Email _____

Phone _____ Fax (optional) _____

Describe your objections to the Department's actions and a statement describing the relief you want the Hearing Officer to grant. *(The objections may be factual or legal and must be specific. If you fail to state an objection here, you may be barred from raising it later in your appeal. Use additional pages if necessary.)*

WE DID SUBMIT A PLAN REVIEW
SUBMITTED TO AARON BURDEN IN FEB 2002.
ALONG WITH V# 1839 WHICH WAS CASHED.

By filing this Notice of Appeal with the Allegheny County Health Department, I hereby certify that the information submitted is true and correct to the best of my information and belief.

Signature [Signature] Date 10/17/22

Appeals should be submitted in person or by mail to:

Allegheny County Health Department
Attention: Hearing Officer
542 4th Avenue
Pittsburgh, PA 15219

RECEIVED
OCT 19 2022
BY: Director's Office

COUNTY OF



ALLEGHENY

RICH FITZGERALD
COUNTY EXECUTIVE

August 01, 2022

Bob's Diner Enterprises Inc.
c/o Dane Marshall
1817 McKees Rocks Road
McKees Rocks, PA 15136

Re: **Civil Penalty #166**
Client #202203240003
Bob's Diner – Kennedy
1817 McKees Rocks Road
- Kennedy

Dear Dane Marshall:

You are hereby notified that you violated Article III, "Food Safety", of the Allegheny County Health Department Rules and Regulations. Said violations were as follows:

Date(s): March 24, 2022

Section 330: Open and operating without a valid food permit.

Date(s): March 24, 2022

Section 334: Failure to submit plans and specifications for approval prior to construction of a food facility.

As a result of the above violation(s), on behalf of the Director of the Allegheny County Health Department, it is hereby ordered that a civil penalty is being levied against you in the amount of **\$2,000.00** for the violation of said sections. In order to resolve these violations without burden of further litigation, said amount of **\$2,000.00** should be made payable to the "Food Safety Fund" and forwarded to the attention of Amanda Mator, Allegheny County Health Department, Food Safety Program, 2121 Noblestown Road, Suite 210, Pittsburgh PA 15205 no later than thirty (30) days after issuance of this notice. Failure to comply will result in further action including closure of your food facility.

If you need to further discuss the violations, payment schedule or settlement, please contact the Food Safety Program at (412)578-8044.

Pursuant to Article XI, entitled "Hearings and Appeals", you are hereby notified that you have thirty (30) days in which to file an appeal from the date of this notice. The appeal shall be filed in the office of the Director, 542 Fourth Avenue, Pittsburgh, PA 15219. In the event that an appeal is not filed within thirty (30) days from the date of this order, the within action shall become final.

If you have any questions regarding this matter, please do not hesitate to contact the undersigned.

Sincerely,

Amanda Mator
Program Manager
Food Safety Program



DEBRA BOGEN, MD, FAAP, FABM, DIRECTOR
ALLEGHENY COUNTY HEALTH DEPARTMENT

FOOD SAFETY PROGRAM

2121 NOBLESTOWN ROAD • SUITE 210 • PITTSBURGH, PA 15205

PHONE: 412.578.8044 • FAX: 412.578.8190

WWW.ALLEGHENYCOUNTY.US/HEALTHDEPARTMENT

