



DEPT OF BLDGS140257371

Job Number

ES319558254

Scan Code

**CIVIL PENALTIES FOR WORK WITHOUT A PERMIT
AND STOP WORK ORDER VIOLATIONS**

FORM MUST BE TYPEWRITTEN

1 Job and Request Information *(Required for all requests. A copy of the violation is required with the L2 submission.)*

Job # 140257371

Violation # 1325186

Indicate reason for request here by checking the applicable box:

OVERRIDE REQUEST:

- ☐ **NRV:** No relationship to the violation; where a permit is being sought for work in a space that is not related to the Work Without a Permit (WWP) violation.

REDUCTION REQUEST:

- ☐ **REDT:** Work completed without benefit of a permit constituted only a percentage of the total work. (Section 4 Affidavit of Reduction is required.)

WAIVER REQUEST:**WWP Waiver Reasons:**

- ☐ **BFP:** Where the owner is representing that he or she is a bona fide purchaser and the work was performed by the previous owner. (See AC §28-213.2). The following supporting documentation is required:
- Copy of the deed
 - A notarized affidavit or letter of no relationship, which substantiates the owner's claims. If the bona fide purchaser is other than an individual, the affidavit or letter must be submitted on the entity's letterhead and signed by the owner or an officer of the corporation.
 - The affidavit or letter must include: the name of the bona fide purchaser; the location of the property; a statement that the property was not received as a gift; and, a statement that there was no interest or relationship with the prior owner and the new owner is not acting in any way for the benefit of the prior owner
- ☐ **CPP:** Where the civil penalty was already fully paid. (Provide BIS Invoice #: _____
Or provide copy of front and back of cancelled check.)
- ☐ **DUPW:** For another WWP violation that remains open and that was issued for the same work and at the same location. (The initial violation shall require payment of the civil penalty. Provide BIS Invoice # for the penalty that was already paid: _____)
- ☐ **ECB:** Where an Environmental Control Board (ECB) violation for WWP has been dismissed whether on substantive or technical grounds.
- ☐ **EWG:** Emergency work performed by the NYC Department of Housing Preservation & Development (HPD) or other agency as directed by the Commissioner or work on unsafe buildings performed by HPD or other agency pursuant to a precept. (See AC §28-215.1).
- ☐ **EWP:** Emergency work performed without a permit, where an application for the work is filed with the Department within two business days after commencement of the work, except for emergency work described by Code EWG above. (See AC §28-105.4.1).
- ☐ **EXP1:** Where a fence, shed or scaffold or other temporary construction equipment was installed with a valid permit and the permit had expired. (See BC 105.8.2).
- ☐ **EXP2:** When permits (other than for temporary construction equipment) expired and there was no ongoing work.
- ☐ **GOV:** For Federal, New York State, NYC or other government-owned property, or for property owned by eligible public authorities.
- ☐ **TPT:** HPD third party transfers where a court issues a foreclosure judgment allowing the City to transfer title of a foreclosed property to a new owner. (See AC §11-412.1). Any civil penalties accrued before the closing date of the transfer must be waived. The new owner must provide a letter from HPD stating that there was a third party transfer and that penalties should be waived.

Stop Work Order (SWO) Waiver Reasons:

- ☐ **SWBC:** Where the Commissioner had determined that the violation should not have been issued for working against the SWO.
- ☒ **SWOE:** Where the ECB violation issued for violating the SWO was dismissed for any reason.

2 Location Information *(Required for all requests)*

House No(s) Street Name
934 AMSTERDAM AVENUE

Borough Block Lot BIN CB No.
MANHATTAN 1877 36 1056619 107

Work on Floor(s) Apt/Condo No(s)
001-005

3 Owner Information *(Required for all requests. Notarized signature by owner or authorized designee is required in Section 6.)*

Last Name First Name M.I.
YU ALLEN

Business Name Phone E-mail Address
N/A 917 435 8552 ALLENY@YAHOO.COM

Address City Zip Code
934 AMSTERDAM AVENUE NEW YORK 10025

- 4 Affidavit of Reduction** (Only required if reduction is requested. Affidavit needs to be provided by PE or RA. If the reduction request relates to a Limited Alteration Application—LAA—then the affidavit may be provided by another licensee type, such as a licensed plumber.)

- _____, being duly sworn, deposes and says:
1. This affidavit is submitted in support of the request indicated in Section 1 of this form (Job and Request Information).
 2. On _____ (date) at _____ (am / pm) I inspected the above-captioned premises to determine whether the work covered by the application was commenced without benefit of a New York City Department of Buildings Permit.
 3. This affidavit is being submitted to the New York City Department of Buildings within two business days of my inspection.
 4. My inspection revealed that the following work, (written description must be provided below with at least four (4) supporting photographs in order to be accepted for consideration), filed for in the application, was completed without benefit of a permit. (Photographs need to have been taken within two business days of inspection.)

Internal Use Only — Preliminary Borough Review

Building Classification _____ Reduction Amt \$ _____

Name (please print)

Signature

Date

5 PE/RA/Other Licensee Applicant Data (Only required if reduction is requested)

Last Name TUNG First Name THOMAS M.I. C

Business Name THOMAS C TUN Phone 917 922 3570

Address 4331 195TH STREET

City FLUSHING State NY Zip Code 11358

☒ PE ☐ RA ☐ Other _____ License No. 049458

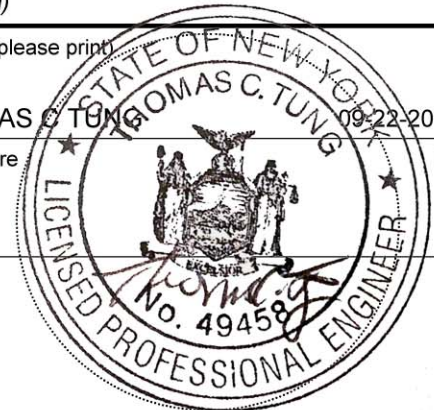
Name (please print)

THOMAS C TUNG 09-22-2014

Signature

Date

Falsification of any statement is a misdemeanor and is punishable by a fine or imprisonment, or both. It is unlawful to give to a city employee, or for a city employee to accept, any benefit, monetary or otherwise, either as a gratuity for properly performing the job or in exchange for special consideration. Violation is punishable by imprisonment or fine or both.



PE / RA / Other Seal (apply seal, then sign and date over seal)

6 Notarization

State of New York, County of

Sworn to before me this 22 day of Sept 2014

Notary Seal

Fang Zou

Commissioner of Deeds, City of New York
No 46951

Cert. Filed in New York County

Notary Signature Commission Expires 1-1-2015

Owner or Authorized Designee Signature

Date

[Signature]

Internal Use Only

Borough Commissioner Review

☐ Approved ☐ Denied ☐ Reduction Amt \$ _____

Approval/Denial Reason:

Name (please print)

1st Level Signature

Date

2nd Level Review—Fiscal

☐ Approved ☐ Denied ☐ Reduction Amt \$ _____

Approval/Denial Reason:

Tracking #: _____

Name (please print)

2nd Level Signature

Date



 [CLICK HERE TO SIGN UP FOR BUILDINGS NEWS](#)

NYC Department of Buildings

Overview for Complaint #:1325186 = RESOLVED

Complaint at: 200 WEST 106 STREET

BIN: 1056619

Borough: MANHATTAN

ZIP: 10025

Re: WORK TAKING PLACE IN BASEMENT & THIS WORK IS CAUSING BUILDING TO SHAKE . NO PERMITS POSTED

Category Code: 30 BUILDING SHAKING/VIBRATING/STRUCT STABILITY AFFECTED

DOB District: N/A

Assigned To: MANHATTAN BOROUGH OFFICE

Priority: A

Received: 05/17/2012 08:41

Block: 1877

Lot: 36

Community Board: 107

Owner: 934 AMSTERDAM HOLDINGS, LLC

Last Inspection: 05/17/2012 - - BY BADGE # 2335

Disposition: 05/21/2012 - L1 - PARTIAL STOP WORK ORDER

Comments: DEMOLITION WORK ONGOING IN BASEMENT REMOVAL OF PARTITION WAL LS, PLUMBING FIXTURES

Complaint Disposition History

Disposition Date	Code	Disposition	Inspection By	Date
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If you have any questions please review these [Frequently Asked Questions](#), the [Glossary](#), or call the 311 Citizen Service Center by dialing 311 or (212) NEW YORK outside of New York City.