



HPD3: Single Room Occupancy
Multiple Dwelling (SRO MD)
Anti-Harassment Checklist
Must be typewritten.

☒ Orient and affix BIS
job number label here ☒

1 Location Information *Required for all applications.*

House No(s) 16 Street Name West 123 Street Work Proposed on Floor No(s) cell,bas,001,002,003
Borough Manhattan Block 1721 Lot 26 BIN 1053408 CB No.

2 Applicant of Record *Required for all applications.*

Last Name Calamari First Name Raymond Middle Initial
Business Name Arcalhek Architect, PC Business Telephone 718-326-2924
Business Address 60-24 Flushing Avenue Business Fax 718-521-4530
City Maspeth State NY Zip 11368 Mobile Telephone 917-698-2143
E-Mail calamari.a@gmail.com License Number 16879 ☐ PE ☒ RA

3 Exemption/Certification Declaration *Required for all applications. For every yes/no question required, you must answer "yes" or "no".*

In accordance with 28 RCNY § 10-02, Rules of the Department of Housing Preservation and Development, I certify that the scope of work for the job number identified above:

Yes No

- ☐ ☒ increases or decreases the number of dwelling units
- ☐ ☒ increases or decreases the number of kitchens or bathrooms (include kitchens or bathrooms either 1) located within a dwelling unit, or 2) serving occupants of a dwelling unit even though the kitchen or bathroom may not be located within a dwelling unit)
- ☐ ☒ alters the layout, configuration or location of any portion of a dwelling unit
- ☐ ☒ alters the layout, configuration or location of any portion of a kitchen or bathroom (include kitchens or bathrooms either 1) located within a dwelling unit, or 2) serving occupants of a dwelling unit even though the kitchen or bathroom may not be located within a dwelling unit)
- ☐ ☒ demolishes any dwelling unit and/or demolishes any portion of the building serving dwelling units (such as lobbies, lounges, recreation spaces, tenant storage, laundry rooms, etc.)
- ☐ ☒ Changes the use or occupancy of any dwelling unit and/or changes the use or occupancy of any portion of the building serving dwelling units (such as lobbies, lounges, recreation spaces, tenant storage, laundry rooms, etc.)

☐ Check this box if all six boxes above are checked "no". Therefore, per 28-107.3 and 28 RCNY § 10-02, a **Certificate of No Harassment IS NOT required**. Submit this completed form with your application for construction document approval (please proceed to Section 4).

If any of the above boxes are checked "yes". In such case, I further certify that the scope of work for the job number identified above:

Yes No

- ☐ ☒ is comprised solely of work for the purpose of making the public areas of a multiple dwelling accessible to persons with disabilities without altering the configuration of any dwelling unit
- ☐ ☒ is comprised solely of work for the purpose of making the interior or the entrance to a dwelling unit accessible to persons with disabilities
- ☐ ☒ is comprised solely of work performed by a city agency or by a contractor pursuant to a contract with a city agency

Check only one of the following

- ☐ Any of the three boxes above are checked "yes". Therefore, per 28-107.3, a **Certificate of No Harassment IS NOT required**. Submit this completed form with your application for construction document approval.
- ☐ All of the three above boxes are checked "no". Therefore, per 28-107.3, a **Certificate of No Harassment IS required**. Submit this completed form with your application for construction document approval, and attach the Certificate of No Harassment from the Department of Housing Preservation and Development. Initial work permit must be obtained prior to the expiration date stated on the Certificate of No Harassment; otherwise an updated HP3 and a new Certificate of No Harassment must be submitted prior to permit issuance.

4 Applicant's Statements and Signatures *Required for all applications.*

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. I understand that if I am found after hearing to have knowingly or negligently made a false statement or to have knowingly or negligently falsified or allowed to be falsified any certificate, form, signed statement, application, report or certification of the correction of a violation required under the provisions of this code or of a rule of any agency, I may be barred from filing further applications or documents with the Department.

Name (please print)

Raymon M Calamari

Signature

P.E. / R.A. Seal (apply seal, then sign and date over seal)

