



**L2: REQUESTS FOR OVERRIDES, REDUCTIONS, OR WAIVERS OF
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 # _____

Violation # 031215CEX05BT08

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) 14 Street Name East 55 Street

Borough Manhattan Block 1290 Lot 62 BIN 1035761 CB No. 105

Work on Floor(s) _____ Apt/Condo No(s) _____
osp

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

Last Name Michio First Name Christiano M.I. _____

Business Name MetroAstra Inc Phone 818-822-6552 E-mail Address _____

Address 8320 Melrose Avenue City Los Angeles Zip Code 90069

- 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	First Name	M.I.	Name (please print)
Business Name	Phone		
Address			
City	State	Zip Code	
☐ PE ☐ RA ☐ Other _____ License No.			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 _____ day of _____
 20____
 Notary Seal

 Notary Signature _____

Owner or Authorized Designee Signature
 Date _____

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 _____

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)

County of Los Angeles)

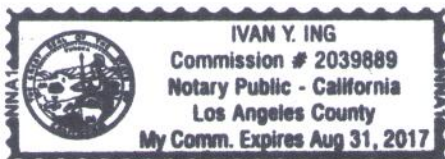
On March 30, 2015 before me, Ivan Y. Ing, Notary Public,
Date Here Insert Name and Title of the Officer

personally appeared Cristiano Minchio
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature [Signature]
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: L2: Request for Overrides Document Date: March 30, 2015

Number of Pages: 2 Signer(s) Other Than Named Above: N/A

Capacity(ies) Claimed by Signer(s)

Signer's Name: Cristiano Minchio

- ☐ Corporate Officer — Title(s): _____
☐ Partner — ☐ Limited ☐ General
☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian or Conservator
☐ Other: _____

Signer Is Representing: Self

Signer's Name: _____

- ☐ Corporate Officer — Title(s): _____
☐ Partner — ☐ Limited ☐ General
☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian or Conservator
☐ Other: _____

Signer Is Representing: _____



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NYC Department of Buildings

DOB Violation Display for 031215CEX05BT08

Premises: 14 EAST 55 STREET MANHATTAN

BIN: 1035761 Block: 1290 Lot: 62

Issue Date: 03/12/2015

Violation Category: VPW - VIOLATION UNSERVED ECB-
WORK WITHOUT PERMIT-ACTIVE

Violation Type: C - CONSTRUCTION

Violation Number: EX05BT08

Device No.:

ECB No.: 35118168P (refer to for further details)

Description:

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.