



**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 # 35111679P

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 #: 12865627
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 §11-412.2). 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) 127 Street Name ELDRIDGE STREET

Borough MANHATTAN Block 419 Lot 71 BIN 1005595 CB No. 103

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 SINGH First Name BALWINDER M.I. _____

Business Name HKS CONSTRUCTION CORP Phone 646-322-0655 E-mail Address _____

Address 2511 3RD AVENUE City BRONX Zip Code 10457

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.)
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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)
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Last Name _____ First Name _____ M.I. _____
 Business Name _____ Phone _____
 Address _____
 City _____ State NY _____ Zip Code _____
☐ PE ☐ RA ☒ Other _____ License No. _____

Name (please print) _____

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 <u>Queens</u> Sworn to before me this <u>15</u> day of <u>JAN</u> 20 <u>28</u> Notary Seal SATWANT SINGH MINHAS NOTARY PUBLIC-STATE OF NEW YORK No 01M6124965 Notary Signature Commission Expires April 04, 2017 Owner or Authorized Designee Signature _____ Date _____	<table border="1"> <tr> <td colspan="2" style="text-align: center;">Internal Use Only</td> </tr> <tr> <td colspan="2" style="text-align: center;">Borough Commissioner Review</td> </tr> <tr> <td>☐ Approved</td> <td>☐ Denied</td> </tr> <tr> <td colspan="2">Reduction Amt \$ _____</td> </tr> <tr> <td colspan="2">Approval/Denial Reason: _____</td> </tr> <tr> <td colspan="2">Name (please print) _____</td> </tr> <tr> <td>1st Level Signature _____</td> <td>Date _____</td> </tr> <tr> <td colspan="2" style="text-align: center;">2nd Level Review—Fiscal</td> </tr> <tr> <td>☐ Approved</td> <td>☐ Denied</td> </tr> <tr> <td colspan="2">Reduction Amt \$ _____</td> </tr> <tr> <td colspan="2">Approval/Denial Reason: _____</td> </tr> <tr> <td colspan="2">Name (please print) _____</td> </tr> <tr> <td>2nd Level Signature _____</td> <td>Date _____</td> </tr> </table>	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: _____		Name (please print) _____		2nd Level Signature _____	Date _____
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[CLICK HERE TO SIGN UP FOR BUILDINGS NEWS](#)

NYC Department of Buildings

ECB Violation Details

Premises: 127 ELDRIDGE STREET MANHATTAN

Filed At: 127 ELDRIDGE STREET , MANHATTAN , NY 10002

BIN: 1005595 Block: 419 Lot: 71

Community Board: 103

ECB Violation Summary

VIOLATION OPEN

ECB Violation Number: 35111679P

Severity: CLASS - 1

Certification Status: NO COMPLIANCE RECORDED

Hearing Status: IN VIOLATION

Penalty Balance Due: \$0.00

Respondent Information

Name: YWC ROYAL INC

Mailing Address: 137 CHRYSTIE STREET , NY , NY 10002

Violation Details

Violation Date: 08/31/2014

Violation Type: CONSTRUCTION

Served Date: 08/31/2014

Inspection Unit: EMERGENCY RESPONSE TEAM (ERT)

Infraction Codes	Section of Law	Standard Description
101	28-105.1	WORK WITHOUT A PERMIT

Specific Violation Condition(s) and Remedy:

WORK W/O A PERMIT. NOTED: @ FRONT FACADE DEMO OF STORE OF FACADE WIRELATH THE WORK W/C HOOKS & HANGING SCAFFOLD APPROX 30' OF SIDEWALK SHED ISERECTED ALL W/O A PERMIT. STOP ALL WORK. REMEDY: OBTAIN PERMIT OR

Issuing Inspector ID: 1842

DOB Violation Number: 083114CERFC01

Issued as Aggravated Level: NO

Dept. of Buildings Compliance Information

Certification Status: NO COMPLIANCE RECORDED

Compliance On:

A Certificate of Correction must be submitted to the Administrative Enforcement Unit (AEU) for all violations. A violation that is not dismissed by ECB will continue to remain ACTIVE or "open" on DOB records until acceptable proof is submitted to the AEU, even if you have paid the penalty imposed by ECB.

ECB Hearing Information

Scheduled Hearing Date: 01/22/2015

Hearing Status: IN VIOLATION

Hearing Time: 8:30

***** NEW YORK CITY *****
*** DEPARTMENT OF BUILDINGS ***

R E C E I P T

INVOICE #: 12865627 DATE: JUNE 25 2015 TIME: 3:19 P.M.

TOTAL PAYMENT RECEIVED: 5000.00

PAYMENT: 5000.00 CHECK #: 1523204654
PAYMENT: 0.00

FOR: WORK W/O PERMIT (CIVIL PENALTY)

JOB #: 140356317 01
127 ELDRIDGE STREET
VIOL: V35111679P

RECEIVED FROM: MANHATTAN BOROUGH OFFICE

STATION: 24
05111 000803 00600 WO