



DEPT OF BLDGS140823553

Job Number



ES405394649

Scan Code

**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 # 140823553Violation # 34164836M

Indicate reason for request here by checking the applicable box:

**OVERRIDE REQUEST:**

- ☐ **NRV:** No relationship to the violation; where a work permit is being sought by a tenant/lessee or an owner for a commercial space that neither addresses the existing work without a permit violation, nor is it connected to the violation in any way. The permit being sought must be to the benefit of an occupant not cited in the notice of violation. For residential spaces this applies only to condominium or cooperative owners for work inside individual units where the notice of violation was issued for a shared common space.

**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.)

- ☐ **LEG:** Work performed without a permit and an applicant is seeking a permit before a notice of violation is issued.

**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 #: 62027801  
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 the same space. (The initial violation shall require payment of the civil penalty. Provide BIS Invoice # for the penalty that was already paid: \_\_\_\_\_)
- ☐ **ECB:** Where a WWP violation has been dismissed by the Environmental Control Board (ECB) tribunal 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).
- ☐ **EWB:** 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.
- ☐ **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. 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      Street Name  
238      56th Street

Borough      Block      Lot      BIN      CB No.  
Manhattan      1027      58      1024884      \_\_\_\_\_

Work on Floor (s)      Apt/Condo No (s)  
001      \_\_\_\_\_

**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.                      |
| <u>Kozinn- Hanlon</u>    | <u>Alisa</u>        | _____                     |
| Business Name            | Phone               | E-mail Address            |
| <u>KOZINN 238, LLC</u>   | <u>609-418-6500</u> | <u>238W56th@gmail.com</u> |
| Address                  | City                | Zip Code                  |
| <u>225 Broadway 1901</u> | <u>NYC</u>          | _____                     |



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

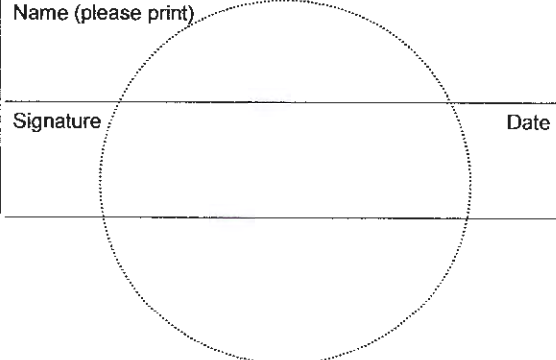
FORM MUST BE TYPEWRITTEN

|          |                                                                                                                                                                                                                                                                                        |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>4</b> | <b>Affidavit of Reduction</b> (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.) |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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.)
5. Job # \_\_\_\_\_ Violation # \_\_\_\_\_

|                                                       |                        |
|-------------------------------------------------------|------------------------|
| <b>Internal Use Only — Preliminary Borough Review</b> |                        |
| Building Classification _____                         | Reduction Amt \$ _____ |
| Name (please print) _____                             |                        |
| Signature _____                                       | Date _____             |

|          |                                                                                      |
|----------|--------------------------------------------------------------------------------------|
| <b>5</b> | <b>PE/RA/Other Licensee Applicant Data</b> (Only required if reduction is requested) |
|----------|--------------------------------------------------------------------------------------|

|                                                                                                                |                  |                |                                                                                      |
|----------------------------------------------------------------------------------------------------------------|------------------|----------------|--------------------------------------------------------------------------------------|
| Last Name _____                                                                                                | First Name _____ | M.I. _____     | Name (please print) _____                                                            |
| Business Name _____                                                                                            |                  | Phone _____    |  |
| Address _____                                                                                                  |                  |                |                                                                                      |
| City _____                                                                                                     | State _____      | Zip Code _____ |                                                                                      |
| <input type="checkbox"/> PE <input type="checkbox"/> RA <input type="checkbox"/> 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)

|                                                                                                                                                                                                                                                                         |                     |                                                                                                                                                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>6</b>                                                                                                                                                                                                                                                                | <b>Notarization</b> | <b>Internal Use Only</b>                                                                                                                                                                                                                                                    |
| State of New York, County of <u>New York</u>                                                                                                                                                                                                                            |                     | <b>Borough Commissioner Review</b><br><input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Reduction Amt \$ _____<br>Approval/Denial Reason: _____<br>Name (please print) _____<br>1st Level Signature _____ Date _____               |
| Sworn to before me this <u>9</u> day of <u>JAN</u> , 20 <u>19</u>                                                                                                                                                                                                       |                     |                                                                                                                                                                                                                                                                             |
| Notary Seal<br><br>Notary Signature _____<br>DEBRA N KIZNER<br>Notary Public State of New York<br>No. 01K16225827<br>Qualified in Bronx County<br>Term Expires July 26, 20 <u>22</u> |                     | <b>2nd Level Review—Fiscal</b><br><input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Reduction Amt \$ _____<br>Approval/Denial Reason: _____ Tracking #: _____<br>Name (please print) _____<br>2nd Level Signature _____ Date _____ |
| Owner or Authorized Designee Signature _____<br>Date <u>1/9/2019</u>                                                                                                                                                                                                    |                     |                                                                                                                                                                                                                                                                             |

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER



OFFICIAL CHECK

2001164173

50-1211  
214

11/01/18

Date

PAY TO THE ORDER OF DEPARTMENT OF BUILDINGS

\$ 6,000.00

\*\*\* Six Thousand Dollars and 00 Cents \*\*\*

DOLLARS

Violation # 341648364  
Issued by New York Commercial Bank, Westbury, New York  
1-800-535-2269  
238 West 56 Street



*[Signature]*  
Authorized Signature  
*[Signature]*  
Authorized Signature

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

⑈ 200116417⑈ ⑆ 021412114⑆ 244663⑈

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## NYC Department of Buildings

## LAA Application Details

Premises: 238 WEST 56 STREET MANHATTAN

BIN: [1024884](#) Block: 1027 Lot: 58

LAA #: 123323260

[Documents Collected](#) | [Plumbing Insp](#) | [Payment History](#) | [Virtual Job Folder](#)[Printable \(PDF\) version of Permit](#)[DOB NOW: Inspections](#)

## Last Action: APPROVED - 11/19/2018 (E)

Pre-Filed: 10/02/2018

Approved: 11/19/2018 9:22 AM

Expiration: 11/19/2019

Electronically Filed: No

[Work Description](#)

## Location Information (Filed At)

House No(s): 238

Street Name: WEST 56 STREET

Borough: MANHATTAN

Block: 1027

Lot: 58

BIN: [1024884](#)

CB No: 105

Work on Floor(s): OSP

## Fee Assessment

Fee Structure: STANDARD

Estimated Cost: Category 2 - Estimated Cost of Unlimited Work \$4,200.00

## Additional Information

Building Characteristics: Other

Legalization: No

Reviewer Comments: OVERRIDE CIVIL PENALTY FEE,PAYMENT MADE ON APPLICATION #123323260

Administrative Notes: 10/9/18 DISAPPROVED SELECTION NRV IS INCORRECT; WHERE A WORK PERMIT IS BEING SOUGHT BY A TENANT/LESSEE OR AN OWNER FOR A SPACE THAT IS ANY WAY TO, NOR ADDRESSES THE EXISTING WORK WITHOUT PERMIT VIOLATION IN ANY WAY.PLEASE SEE CHECKLIST MAILED  
11/7/18 CP PAID\_ 11/19/18 CORRECTED,APPROVED AND MAILED..

## Applicant Information

Name: JOHN J SIDERIS

Business Name: SIDERIS PLBG &amp; HTG CORP

Business Phone: 718-626-1836

Business Address: 18-24 42ND STREET, LONG ISLAND CIT, NY 11105

License Type: MASTER PLUMBER

License Number: [000819](#)

Applicant Insured By: HARLEYSVILLE INS COMP

Insurance Expires: 08/03/2019

## Work Detail

Plumbing: Category 2 WATER PLUMBING WORK

## Proposed Work Summary:

IN OSP YARD WILL REPLACE ABOUT 60FT OF 4" STORM PIPING AND (2)AREA YARD DRAINS .WILL TIE INTO EXISTING STORM PIPING. NO FIRESTOP WILL BE COMPROMISED.

1001/8JS\*\_1105/8JS\*

## Asbestos Abatement Compliance

The scope of work is exempt from the asbestos requirement as defined in the regulations promulgated by the NYC DEP (15 RCNY 1-23 (b)) or is an alteration to a building constructed pursuant to plans submitted for approval on or after April 1,1987, in accordance with §28-106.1.

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## NYC Department of Buildings

## Job Payment History

Premises: 238 WEST 56 STREET MANHATTAN

BIN: [1024884](#) Block: 1027 Lot: 58

Page: 1 of 1

Job No: [123323260](#)

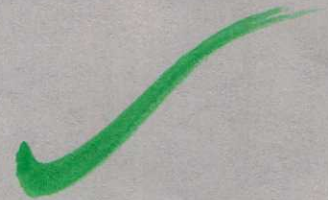
Job Type: LAA

Show All Payments ▾

APPLY

| INVOICE  | PAYMENT TYPE | DOC | TRANSACTION TYPE                | DATE       | AMOUNT     | VIOL NUM  |
|----------|--------------|-----|---------------------------------|------------|------------|-----------|
| 62016031 | CHECK        | 01  | FILING BALANCE - ALT3           | 10/02/2018 | \$215.60   |           |
| 62027801 | CHECK        | 01  | WORK W/O PERMIT (CIVIL PENALTY) | 11/07/2018 | \$6,000.00 | 34164836M |

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.



PAID