



HPD3: Single Room Occupancy
Multiple Dwelling (SRO MD)
Anti-Harassment Checklist

Must be typewritten.



1 Location Information Required for all applications.

House No(s) 153-14 Street Name South Rd Work Proposed on Floor No(s)
Borough Queens Block 10121 Lot 67 BIN CB No. 12

2 Applicant of Record Required for all applications.

Last Name Frohlick First Name Kenneth Middle Initial
Business Name Gateway Demolition Corp Business Telephone 718-359-1400
Business Address 134-22 32 Ave Business Fax
City Flushing State NY Zip 11354 Mobile Telephone
E-Mail License Number ☐ 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 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.

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)

KENNETH FROHLICK

Signature

Date

Kenneth Frohlick 9/14/09
P.E. / R.A. Seal (apply seal, then sign and date over seal)