



**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 # 440315945 Violation # 34275208N

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) 124-15	Street Name 135 PLACE			
Borough QUEENS	Block 11760	Lot 112	BIN 4255226	CB No. 410
Work on Floor(s) ROF			Apt/Condo No(s)	

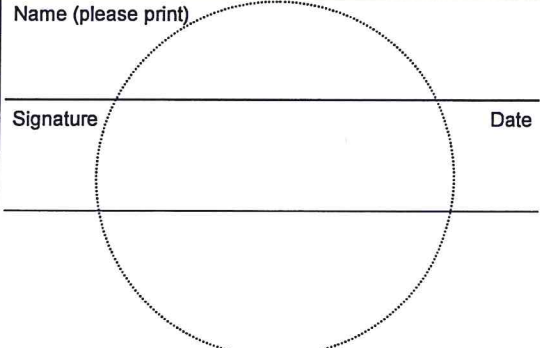
3 Owner Information *(Required for all requests. Notarized signature by owner or authorized designee is required in Section 6.)*

Last Name HAMILTON	First Name GWYNETH	M.I.
Business Name NA	Phone 718-909-8688	E-mail Address GWYNETHVHAMILTON@YAH
Address 124-15 135 PL	City QUEENS	Zip Code 11420

4	Affidavit of Reduction <i>(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.)</i>
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- _____, 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 <i>(Only required if reduction is requested)</i>			
Last Name _____	First Name _____	M.I. _____	Name (please print) _____
Business Name _____		Phone _____	
Address _____			
City _____	State _____	Zip Code _____	
☐ PE ☐ RA ☐ Other _____ License No. _____			
Signature _____			

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 <u>Jersey</u> State of New <u>York</u> , County of <u>Somerset</u> Sworn to before me this <u>7th</u> day of <u>June</u> 20 <u>16</u> Notary Seal <u>Rosa I Concepcion</u> <u>ID # 50018019</u> Notary Public State of New Jersey My Commission Expires June 24, 2020 Notary Signature <u>[Signature]</u> Owner or Authorized Designee Signature Date <u>6/11/16</u> <u>[Signature]</u>	<table border="1"> <tr> <th colspan="2" style="text-align: left;">Internal Use Only</th> </tr> <tr> <td colspan="2">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">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">Tracking #: _____</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: _____		Tracking #: _____		Name (please print) _____		2nd Level Signature _____	Date _____
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NYC Department of Buildings

ECB Violation Details

Premises: 124-15 135 PLACE QUEENS

Filed At: 124-15 135 PLACE , QUEENS , NY 11420

BIN: 4255226 Block: 11760 Lot: 112

Community Board: 410

ECB Violation Summary

VIOLATION OPEN

ECB Violation Number: 34275208N

Severity: HAZARDOUS

Certification Status: NO COMPLIANCE RECORDED

Penalty Balance Due: \$0.00

Hearing Status: IN VIOLATION

Respondent Information

Name: HAMILTON ROBERT
Mailing Address: 124-15 135 PLACE , QNS , NY 11420

Violation Details

Violation Date: 06/11/2001

Violation Type: HPD

Served Date: 07/13/2001

Inspection Unit:

Infraction Codes

Section of Law

Standard Description

BH8

27-217

OCCUPANCY CONTRARY TO C OF O OR BUILDING
DEPARTMENT RECORDS

Specific Violation Condition(s) and Remedy:

OCCUPANCY IS CONTRARY TO THAT ALLOWED BY THE CERTIFICATE OF OCCUPANCY OR BLDG. DEPT. RECORDS.
ATTIC OCCUPIED AND ARRANGED AS A S.R.O. WITH PARTITIONS ERECTED THROUGHOUT.

Issuing Inspector ID: 3391

DOB Violation Number: 061101HPD4000008

Issued as Aggravated Level: NO

Dept. of Buildings Compliance History and Events

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/Time: 03/19/2002 8:30

Hearing Status: IN VIOLATION

ECB Penalty Information

Penalty Imposed: \$800.00

Adjustments: \$0.00

Amount Paid: \$800.00

Penalty Balance Due: \$0.00

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.