



DEPT OF BLDGS440406641

Job Number



ES708091914

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 # 440406641

Violation # 35219452P

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 #: 41329210
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) 21-71 Street Name 27 STREET

Borough QUEENS Block 857 Lot 5 BIN 4018286 CB No. 401

Work on Floor(s) OSP 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
GIAKOVMSFirst Name
NICK

M.I.

Business Name
METRO INTERIOR REMODELINGPhone
516-365-9300

E-mail Address

Address
684 PARK AVENUECity
MANHASSETZip Code
11030

- 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. _____
 Business Name _____ Phone _____
 Address _____
 City _____ State _____ 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 _____

Sworn to before me this 7th day of June 2017

Notary Seal: **SHAKOORDEEN MANGRU**
 Notary Public State Of New York
 No: 0/MA5034429
 Qualified In Queens County
 Commission Expires Sept, 2018

Notary Signature _____

Owner or Authorized Designee Signature _____
 Date 6/7/17

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 _____

[CLICK HERE TO SIGN UP FOR BUILDINGS NEWS](#)**NYC Department of Buildings****ECB Violation Details**

Premises: 21-71 27 STREET QUEENS

Filed At: 21-71 27 STREET , QUEENS , NY 11105

BIN: 4018286 Block: 857 Lot: 5

Community Board: 401

ECB Violation Summary**VIOLATION OPEN**ECB Violation Number: 35219452P

Severity: CLASS - 1

Certification Status: NO COMPLIANCE RECORDED

Penalty Balance Due: \$0.00

Hearing Status: PENDING

Respondent Information

Name: NIKAY PROPERTIES LLC
Mailing Address: POBOX 705 , MANHASSET , NY 11030

Violation Details

Violation Date: 01/21/2017 Violation Type: CONSTRUCTION
Served Date: 01/21/2017 Inspection Unit: EMERGENCY RESPONSE TEAM (ERT)

Infraction Codes	Section of Law	Standard Description
101	28-105.1	<u>WORK WITHOUT A PERMIT</u>

Specific Violation Condition(s) and Remedy:

WORK W/O PERMIT. NOTED AT FRONT WALL (MASONRY) WORKERS ARE REPLACING LINTELS AND BRICKS IN VARIOUS FLOORS W/O A PERMIT. RMDY: STOP ALL WORK OBTAIN PERMIT OR RETURN TO LEGAL CONDITION.

Issuing Inspector ID: 2668

DOB Violation Number: 012117CERFC03

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: 05/23/2017 8:30 Hearing Status: PENDING

ECB Penalty Information

Penalty Imposed:	\$0.00		
Adjustments:	\$0.00	Amount Paid:	\$0.00
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.