



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 No. _____

Violation No. _____

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 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 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 the BIS Invoice No.: _____ or provide a copy of the front and back of the cancelled check)
- DUPW:** For another WWP violation that remains open and that was issued for the same work and the same space. (initial violation shall require payment of the civil penalty; provide BIS Invoice No. 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)*
- EWP:** Emergency work performed without a permit, where an application for work is filled 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. 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.
- SAPW:** Sign amnesty penalty waiver (LL28 of 2019). Work Without a Permit violation(s) issued on or after December 28, 2017, for an accessory sign that neither exceeds 150 square feet in area, measured on one face only, nor exceeds 1200 pounds in weight.

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).	Street Name			
Borough	Block	Lot	BIN	CB No.
Work of Floor(s)	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	First Name	M.I.
Business Name	Phone	Email
Address	City	Zip Code

4 Affidavit of Reduction
(required only if reduction is requested; affidavit must to be provided by PE or RA, if the request relates to a Limited Alteration Application (LAA) then the affidavit may be provided by another licensee type, such as a licensed plumber)

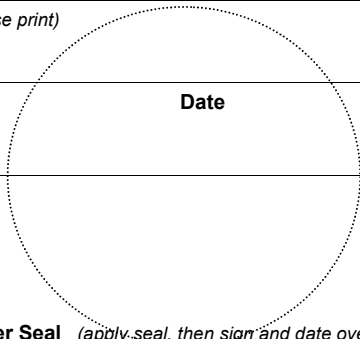
Job No. _____ Violation No. _____

- _____, being duly sworn, deposes and says:
- This affidavit is submitted in support of the request indicated in Section 1 of this form (Job and Request Information).
 - On ____/____/____ (MM/DD/YYYY) at ____:____ (am/ pm), I inspected the above-captioned premises to determine whether the work covered by the application was commenced without benefit of the New York City Department of Buildings permit.
 - This affidavit is being submitted to the New York City Department of Buildings within two business days of my inspection.
 - My inspection revealed 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 (2) business days of inspection).

INTERNAL USE ONLY - PRELIMINARY BOROUGH REVIEW

Building Classification _____	Reduction Amount \$ _____
Name _____ <i>(please print)</i>	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	
<input type="checkbox"/> PE <input type="checkbox"/> RA <input type="checkbox"/> Other _____ License No. _____			
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 ____ day of _____, 20__

Notary Seal

Notary Signature

Owner of Authorized Designee Signature

Date

INTERNAL USE ONLY

1st Level Review: Borough Commissioner

Approved Denied Reduction Amount \$ _____

Approval/Denial Reason: _____

Name (please print) _____

1st Level Signature _____ Date _____

2nd Level Review: Fiscal

Approved Denied Reduction Amount \$ _____

Approval/Denial Reason: _____ Tracking No.: _____

Name (please print) _____

2nd Level Signature _____ Date _____