

**A F F I D A V I T**

**1 VIOLATION INFORMATION**

SUMMONS NUMBER    -    -   -

Place of occurrence \_\_\_\_\_  
(Street Address) (Borough and Zip)

State of \_\_\_\_\_ County of \_\_\_\_\_

I, \_\_\_\_\_, duly swear under penalty of perjury that I am the (check one):

- Respondent named on the violation (if named respondent is an individual)
- Officer or Director of the named respondent Corporation (circle one)
- Managing Agent of the named respondent (attach a notarized Letter of Designation by respondent)
- Owner of Property but not named respondent (if you are a new Owner, attach copy of deed)
- Managing Agent of place of occurrence (attach a notarized Letter of Designation by Owner)
- Partner of named respondent partnership
- Contractor or other Agent of named respondent (attach a notarized written authorization from respondent)

My mailing address is \_\_\_\_\_  
(Street Address) (City, State, Zip)

Please mail results to \_\_\_\_\_  
(Street Address) (City, State, Zip)

**2 PERSON WHO PERFORMED WORK**

I have complied with the order of the Commissioner to correct each condition cited on this violation. The work described in the attached statement was completed on \_\_\_\_\_ and was performed by (check one):  
(Date)

- Myself **NAME** (person who performed work) \_\_\_\_\_
- My Employee **COMPANY** \_\_\_\_\_
- Contractor **ADDRESS** \_\_\_\_\_
- Architect/Engineer **LICENSE/REGISTRATION #/LICENSEE/CONTRACTOR** \_\_\_\_\_

**REQUIRED: I have attached a sworn/affirmed statement describing the work done to correct the violating condition(s).** In addition, I have attached copies of all permits, bills, receipts, photographs, and/or other documentary proof the violating condition(s) has/have been corrected, or have explained in my statement why such are not available. I am aware I may be required to attend any pending hearing on summons or violation or risk imposition of default penalties.

**3 CURE SUBMISSION** (check box below ONLY if eligible and you are requesting a CURE - see reverse)

- CURE REQUEST.** I admit the existence of the violation(s) charged. I am aware a hearing is required if my request is not accepted.

**4 STATEMENT OF SIGNATURE**

I have personal knowledge the violating condition(s) have been corrected as per this affidavit and statement(s) attached.

NAME (print)	Notarization State of New York, County of:	NOTARY SEAL
SIGNATURE	Sworn to or affirmed under penalty of perjury	
	day of 20	
DATE	NOTARY SIGNATURE	

False certification is a criminal misdemeanor under sections 28-203.1.1 and 28-211.1 of the NYC Administrative Code, punishable by up to one (1) year imprisonment and/or fine of up to \$25,000. It is also punishable with a civil penalty of up to \$25,000.

**Mail or return this form in-person, with supporting documents to:** NYC Department of Buildings - Administrative Enforcement Unit  
 280 Broadway, 1st Floor, New York, NY 10007; Phone: (212) 393-2405