



# Elevator Waiver of Civil Penalties Form (EWP)

Buildings

## 1 Property Information

Address \_\_\_\_\_  
 Borough \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

## 2 Applicant/Owner Contact Information

Name \_\_\_\_\_ Address \_\_\_\_\_  
 City, State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

## 3 Waiver Information

3A Civil Penalty Information	3B Waiver Request Reason
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Device #1: _____ <input type="checkbox"/> Late Filing <input type="checkbox"/> Failure to File Penalty Year: _____ <input type="checkbox"/> Inspection/Test Report <input type="checkbox"/> Affirmation of Correction	<table border="1" style="width:100%"> <tr> <td style="width:50%"><b>Owner</b></td> <td><input type="checkbox"/> New Owner—Tax Exempt      <input type="checkbox"/> Bankruptcy</td> </tr> <tr> <td></td> <td><input type="checkbox"/> New Owner— Econ. Dev. Prog.    <input type="checkbox"/> Government Ownership</td> </tr> <tr> <td><b>Device</b></td> <td><input type="checkbox"/> Removed or Dismantled      <input type="checkbox"/> New or Replaced</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Work in Progress</td> </tr> <tr> <td><b>Building</b></td> <td><input type="checkbox"/> Demolished      <input type="checkbox"/> Proof of Compliance</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Sealed or Vacated</td> </tr> </table>	<b>Owner</b>	<input type="checkbox"/> New Owner—Tax Exempt <input type="checkbox"/> Bankruptcy		<input type="checkbox"/> New Owner— Econ. Dev. Prog. <input type="checkbox"/> Government Ownership	<b>Device</b>	<input type="checkbox"/> Removed or Dismantled <input type="checkbox"/> New or Replaced		<input type="checkbox"/> Work in Progress	<b>Building</b>	<input type="checkbox"/> Demolished <input type="checkbox"/> Proof of Compliance		<input type="checkbox"/> Sealed or Vacated
<b>Owner</b>	<input type="checkbox"/> New Owner—Tax Exempt <input type="checkbox"/> Bankruptcy												
	<input type="checkbox"/> New Owner— Econ. Dev. Prog. <input type="checkbox"/> Government Ownership												
<b>Device</b>	<input type="checkbox"/> Removed or Dismantled <input type="checkbox"/> New or Replaced												
	<input type="checkbox"/> Work in Progress												
<b>Building</b>	<input type="checkbox"/> Demolished <input type="checkbox"/> Proof of Compliance												
	<input type="checkbox"/> Sealed or Vacated												

### Internal Use Only

Report included     Cancelled check included     Waiver Granted     Waiver Denied  
**Comments:** \_\_\_\_\_

Device #2: _____ <input type="checkbox"/> Late Filing <input type="checkbox"/> Failure to File Penalty Year: _____ <input type="checkbox"/> Inspection/Test Report <input type="checkbox"/> Affirmation of Correction	<table border="1" style="width:100%"> <tr> <td style="width:50%"><b>Owner</b></td> <td><input type="checkbox"/> New Owner—Tax Exempt      <input type="checkbox"/> Bankruptcy</td> </tr> <tr> <td></td> <td><input type="checkbox"/> New Owner— Econ. Dev. Prog.    <input type="checkbox"/> Government Ownership</td> </tr> <tr> <td><b>Device</b></td> <td><input type="checkbox"/> Removed or Dismantled      <input type="checkbox"/> New or Replaced</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Work in Progress</td> </tr> <tr> <td><b>Building</b></td> <td><input type="checkbox"/> Demolished      <input type="checkbox"/> Proof of Compliance</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Sealed or Vacated</td> </tr> </table>	<b>Owner</b>	<input type="checkbox"/> New Owner—Tax Exempt <input type="checkbox"/> Bankruptcy		<input type="checkbox"/> New Owner— Econ. Dev. Prog. <input type="checkbox"/> Government Ownership	<b>Device</b>	<input type="checkbox"/> Removed or Dismantled <input type="checkbox"/> New or Replaced		<input type="checkbox"/> Work in Progress	<b>Building</b>	<input type="checkbox"/> Demolished <input type="checkbox"/> Proof of Compliance		<input type="checkbox"/> Sealed or Vacated
<b>Owner</b>	<input type="checkbox"/> New Owner—Tax Exempt <input type="checkbox"/> Bankruptcy												
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<b>Device</b>	<input type="checkbox"/> Removed or Dismantled <input type="checkbox"/> New or Replaced												
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<b>Building</b>	<input type="checkbox"/> Demolished <input type="checkbox"/> Proof of Compliance												
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Device #3: _____ <input type="checkbox"/> Late Filing <input type="checkbox"/> Failure to File Penalty Year: _____ <input type="checkbox"/> Inspection/Test Report <input type="checkbox"/> Affirmation of Correction	<table border="1" style="width:100%"> <tr> <td style="width:50%"><b>Owner</b></td> <td><input type="checkbox"/> New Owner—Tax Exempt      <input type="checkbox"/> Bankruptcy</td> </tr> <tr> <td></td> <td><input type="checkbox"/> New Owner— Econ. Dev. Prog.    <input type="checkbox"/> Government Ownership</td> </tr> <tr> <td><b>Device</b></td> <td><input type="checkbox"/> Removed or Dismantled      <input type="checkbox"/> New or Replaced</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Work in Progress</td> </tr> <tr> <td><b>Building</b></td> <td><input type="checkbox"/> Demolished      <input type="checkbox"/> Proof of Compliance</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Sealed or Vacated</td> </tr> </table>	<b>Owner</b>	<input type="checkbox"/> New Owner—Tax Exempt <input type="checkbox"/> Bankruptcy		<input type="checkbox"/> New Owner— Econ. Dev. Prog. <input type="checkbox"/> Government Ownership	<b>Device</b>	<input type="checkbox"/> Removed or Dismantled <input type="checkbox"/> New or Replaced		<input type="checkbox"/> Work in Progress	<b>Building</b>	<input type="checkbox"/> Demolished <input type="checkbox"/> Proof of Compliance		<input type="checkbox"/> Sealed or Vacated
<b>Owner</b>	<input type="checkbox"/> New Owner—Tax Exempt <input type="checkbox"/> Bankruptcy												
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Device #4: _____ <input type="checkbox"/> Late Filing <input type="checkbox"/> Failure to File Penalty Year: _____ <input type="checkbox"/> Inspection/Test Report <input type="checkbox"/> Affirmation of Correction	<table border="1" style="width:100%"> <tr> <td style="width:50%"><b>Owner</b></td> <td><input type="checkbox"/> New Owner—Tax Exempt      <input type="checkbox"/> Bankruptcy</td> </tr> <tr> <td></td> <td><input type="checkbox"/> New Owner— Econ. Dev. Prog.    <input type="checkbox"/> Government Ownership</td> </tr> <tr> <td><b>Device</b></td> <td><input type="checkbox"/> Removed or Dismantled      <input type="checkbox"/> New or Replaced</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Work in Progress</td> </tr> <tr> <td><b>Building</b></td> <td><input type="checkbox"/> Demolished      <input type="checkbox"/> Proof of Compliance</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Sealed or Vacated</td> </tr> </table>	<b>Owner</b>	<input type="checkbox"/> New Owner—Tax Exempt <input type="checkbox"/> Bankruptcy		<input type="checkbox"/> New Owner— Econ. Dev. Prog. <input type="checkbox"/> Government Ownership	<b>Device</b>	<input type="checkbox"/> Removed or Dismantled <input type="checkbox"/> New or Replaced		<input type="checkbox"/> Work in Progress	<b>Building</b>	<input type="checkbox"/> Demolished <input type="checkbox"/> Proof of Compliance		<input type="checkbox"/> Sealed or Vacated
<b>Owner</b>	<input type="checkbox"/> New Owner—Tax Exempt <input type="checkbox"/> Bankruptcy												
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Device #5: _____ <input type="checkbox"/> Late Filing <input type="checkbox"/> Failure to File Penalty Year: _____ <input type="checkbox"/> Inspection/Test Report <input type="checkbox"/> Affirmation of Correction	<table border="1" style="width:100%"> <tr> <td style="width:50%"><b>Owner</b></td> <td><input type="checkbox"/> New Owner—Tax Exempt      <input type="checkbox"/> Bankruptcy</td> </tr> <tr> <td></td> <td><input type="checkbox"/> New Owner— Econ. Dev. Prog.    <input type="checkbox"/> Government Ownership</td> </tr> <tr> <td><b>Device</b></td> <td><input type="checkbox"/> Removed or Dismantled      <input type="checkbox"/> New or Replaced</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Work in Progress</td> </tr> <tr> <td><b>Building</b></td> <td><input type="checkbox"/> Demolished      <input type="checkbox"/> Proof of Compliance</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Sealed or Vacated</td> </tr> </table>	<b>Owner</b>	<input type="checkbox"/> New Owner—Tax Exempt <input type="checkbox"/> Bankruptcy		<input type="checkbox"/> New Owner— Econ. Dev. Prog. <input type="checkbox"/> Government Ownership	<b>Device</b>	<input type="checkbox"/> Removed or Dismantled <input type="checkbox"/> New or Replaced		<input type="checkbox"/> Work in Progress	<b>Building</b>	<input type="checkbox"/> Demolished <input type="checkbox"/> Proof of Compliance		<input type="checkbox"/> Sealed or Vacated
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[CFB] Print Name \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

[ELEV] Print Name \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_