

AFFIDAVIT

1 Violation Information

SUMMONS NUMBER

PLACE OF OCCURANCE _____
(Number and Street) (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
- Officer** or **Director** of the named respondent Corporation (*circle one*)
- Managing Agent** of the named respondent (attach 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 Letter of Designation by Owner)
- Partner** of named respondent partnership
- Contractor** or **other Agent of named respondent** (attach written authorization from respondent)

My mailing address is _____
(Street Address, City, State, Zip Code)

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 sworn statement was completed on _____ and was performed by (check one):
(Date)

- Myself Name of person who performed work _____
- My Employee Company _____
- Contractor Address _____
- Architect/Engineer License/Registration No. of Professional/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, receipt, 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 the 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