

Job No. _____

1 LOCATION INFORMATION *(required for all applications)*

House No(s)	Street Name	Work Proposed on Floor No(s)		
Borough	Block	Lot	BIN	CB No.

2 APPLICANT OF RECORD *(required for all applications)*

Last Name	First Name	Middle Initial
Business Name	Business Phone	
Business Address	Business Fax	
City	State	Zip
Email	License Number	<input type="checkbox"/> PE <input type="checkbox"/> RA

3 EXEMPTION/CERTIFICATION DECLARATION *(required for all applications)*

For every YES/NO question required, you must answer either YES or NO.

In accordance with 28 RCNY § 10-02, Rules of the Department of Housing Preservation and Development, I certify that the scope of work for the job number identified above:

YES NO

- increases or decreases the number of dwelling units
- increases or decreases the number of kitchens or bathrooms (include kitchens or bathrooms either 1) located within a dwelling unit, or 2) serving occupants of a dwelling unit even though the kitchen or bathroom may not be located within a dwelling unit)
- alters the layout, configuration or location of any portion of a dwelling unit
- alters the layout, configuration or location of any portion of a kitchen or bathroom (include kitchens or bathrooms either 1) located within a dwelling unit, or 2) serving occupants of a dwelling unit even though the kitchen or bathroom may not be located within a dwelling unit)
- demolishes any dwelling unit and/or demolishes any portion of the building serving dwelling units (such as lobbies, lounges, recreation spaces, tenant storage, laundry rooms, etc.)
- Changes the use or occupancy of any dwelling unit and/or changes the use or occupancy of any portion of the building serving dwelling units (such as lobbies, lounges, recreation spaces, tenant storage, laundry rooms, etc.)
- Check this box if all six boxes above are checked **NO**. Therefore, per 28-107.3 and 28 RCNY § 10-02, a **Certificate of No Harassment is NOT required**. Submit this completed form with your application for construction document approval (proceed to Section 4).

If any of the above boxes are checked **YES**. I further certify that the scope of work for the job number identified above:

YES NO

- is comprised solely of work for the purpose of making the public areas of a multiple dwelling accessible to persons with disabilities without altering the configuration of any dwelling unit
- is comprised solely of work for the purpose of making the interior or the entrance to a dwelling unit accessible to persons with disabilities
- is comprised solely of work performed by a City agency or by a contractor pursuant to a contract with a City agency
- is the minimum required to address conditions for rescission of a vacate order issued by HPD or DOB
Attach a copy or photograph of the Vacate Order.

Check only one of the following:

- Any of the four boxes above are checked **YES**. Therefore, per 28-107.3, a **Certificate of No Harassment is NOT required**. Submit this completed form with your application for construction document approval.
- All of the four above boxes are checked **NO**. Therefore, per 28-107.3, a **Certificate of No Harassment is required**. Submit this completed form with your application for construction document approval, and attach the Certificate of No Harassment from the Department of Housing Preservation and Development. Initial work permit must be obtained prior to the expiration date stated on the Certificate of No Harassment; otherwise an updated HP3 and a new Certificate of No Harassment must be submitted prior to permit issuance.

4 APPLICANT'S STATEMENT & SIGNATURE *(required for all applications)*

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. I understand that if I am found after hearing to have knowingly or negligently made a false statement or to have knowingly or negligently falsified or allowed to be falsified any certificate, form, signed statement, application, report or certification of the correction of a violation required under the provisions of this code or of a rule of any agency, I may be barred from filing further applications or documents with the Department.

Name (please print)

Signature

Date

P.E./R.A. Seal *(apply seal, then sign and date over seal)*