

AEU2: Certificate of Correction

Required for all open Department of Buildings OATH Summonses

AFFIDAVIT

1 VIOLATION INFORMATION		
Summons Number		
Place of Occurrence:		
I,	ouse Number and Street)	(Borough, State, and Zip Code) alty of perjury that I am the: (check one)
(Must be the name of an individual, do r	not list a business entity)	alty of perjury that I am the. (Check one)
☐ Respondent named on the violation (if the	named respondent is an individual)	
☐ Officer, Director, Partner or Managing M	ember of the named respondent (if the named respon	dent is a business entity)
Owner of Property but not the named resp	ondent (if you are a new owner, attach copy of deed)	
☐ Current Mortgagee of place of occurrence	(attach proof of mortgage agreement and a notarized	authorization letter)
Other Agent of the respondent or place of	of occurrence (attach a notarized authorization letter	from the respondent or property owner)
My mailing address:		0
2 PERSON WHO PERFORMED WORK	r's mailing address, indicate the House Number, Street, City,	State and ZIp Code)
2 I ERSON WHO I ERI ORMED WORK		
sworn statement was completed on	sioner to correct each violating condition cited on this and was performed by: (check or insert date)	
☐ Myself ☐ My En	nployee	☐ Licensed Professional
Name of the person who perfomed the work:		
Company:		
Address:		
License or Registration Number (for licensens	eed professionals and contractors):	
standard AEU20 form may be used or submit a statement must be on the letterhead of the licer	nce all relevant permit numbers, job applications or notarized statement on a separate piece of paper. If ised professional who did the work. All photographs in hotographs of Before and After must be labeled as su	work was performed on an elevator or boiler, the nust be labeled with the date the photograph was
3 PENALTY WAIVERS & REDUCTION	5	
	corrected, it may be eligible for a penalty waiver on Title 1 of the Rules of the City of New York, Section is it www.nyc.gov/DOBpenaltyschedule.	
Correction is approved, a hearing will not be he	Date, submit an acceptable Certificate of Correction Id, and no penalty will be imposed by OATH. If the Collation by paying the penalty before the scheduled her	ertificate of Correction is not approved, attend the
☐ CURE. I admit the existence of the violation	n(s) charged. The cure date is: (re	fer to the face of summons for date)
	tion is received and accepted, a reduced penalty of or to DOB by the compliance due date. If the Certificate, whichever is applicable.	
STIPULATION. I admit the existence of the stipulation offer for the date)	e violation(s) charged. The stipulation compliance due	date is: (refer to the
STATEMENT OF SIGNATURE		
I have personal knowledge the violating cond	lition(s) have been corrected as per this affidavit a	nd 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	
	s 28-203.1.1 and 28-211.1 of the NYC Administrative Code. punis	hable by up to one (1) year imprisonment and/or fine of up to

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.

To submit this form, use an eFiling account to login to DOB NOW at www.nyc.gov/dobnow and select the BIS Options portal. If you need to create an eFiling account visit www.nyc.gov/DOBNOWtips. Reminder, when submitting this form include all supporting documents.

nyc.gov/buildings Rev. 7/21