

Department.

HPD4: CONH Pilot Program Building Anti-Harassment Area Checklist Form must be typewritten

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

					Job No			
1	LOCATION INFO	ORMATION (required for all ag	pplications)					
	House No(s)	e No(s) Street Name		Work Proposed on Floor No(s)				
	Borough	Block	Lot	BIN	CB No.			
2	APPLICANT OF	RECORD (required for all app	olications)					
	Last Name	First Name			Middle Initial			
	Business Name				Business Phone			
	Business Address				Business Fax			
	City	State	Zip		Mobile Phone			
	Email				License Number	☐ PE	□ RA	
3	COVERED CATEGORIES OF WORK – per NYC Administrative Code § 28-505.3 (required for all applications)							
	Identify the work type of the Job Number entered above by answering YES or NO to every item.							
	YES NO Demolition of all or part of the building							
	☐ YES ☐ NO	YES D NO Change of use or occupancy of all or part of a dwelling unit, any residential portion of the building, or any part of the building serving such dwelling units						
	☐ YES ☐ NO	An alteration resulting in the addition or removal of kitchens or bathrooms, an increase or decrease in the number of dwelling units, or any change to the layout, configuration, or location of any portion of any dwelling unit						
	☐ YES ☐ NO	ES NO An application for a new or amended Certificate of Occupancy						
	☐ YES ☐ NO	☐ YES ☐ NO Removal of a central heating system and replacement with an individually metered heating system – on or after Sept. 1, 2019						
4	EXEMPTIONS							
	If any box in Section 3 is checked YES , select all of the listed exemptions that apply. The supporting documentation or additional information indicated for each option selected must be provided.							
	☐ The work is solely tor the purpose of either (1) making the public areas of the building accessible to persons with disabilities without altering the configuration of any dwelling unit or rooming unit, or (2) making the interior or the entrance to a dwelling unit or rooming unit accessible to persons with disabilities.							
	☐ The work will be	e performed by a City agency or a	contractor pursuar	nt to a City agenc	y contract. Agency name:	· · · · · · · · · · · · · · · · · · ·		
	The building has an administrator currently appointed pursuant to Article 7-A of the Real Property Actions and Proceedings Law (RPAPL). A copy of the court order appointing the RPAPL Article 7-A Administrator is attached.							
	The building is being demolished pursuant to a declaration of an immediate emergency or emergency demolition order issued by the NYC Department of Buildings (DOB). A copy of the DOB Emergency Declaration is attached.							
	The building has been transferred to a third party transferee or subsequent transferee under the NYC Housing Preservation and Development (HPD) Third Party Transfer Program. A copy of the Third Party Transfer letter on HPD letterhead is attached.							
	☐ The building owner has entered into a regulatory agreement with HPD. A copy of the Restrictive Declaration is attached.							
	☐ The work is the minimum required to be performed to address conditions for rescission of a vacate order issued by ☐ HPD or ☐ DOB.							
	A copy or photograph of the vacate order is attached.							
5	CERTIFICATION	N DECLARATION						
	If any box in Section 3 is checked YES and Section 4 has no checked boxes, one of the options provided in this section must be checked and the supporting document indicated must be submitted with this form.							
	An HPD Certification of No Harassment (CONH) and a copy of the affidavit submitted to HPD is attached. An HPD Exemption from the Requirement to Obtain a CONH and a copy of the affidavit submitted to HPD is attached.							
6	APPLICANT'S	STATEMENT & SIGNATURE	(required for all a	oplications)	Name (please print)	The state of the s		
	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 monetary or otherwise, either as a gratuity for properly performing the job or ir consideration. Violation is punishable by imprisonment or fine or both. I ur found after hearing to have knowingly or negligently made a false statement or			ee to accept, an	y benefit,		<u> </u>	
				. I understand that	at if I am ^{Signature}	Date		
	negligently falsified	to have knowingly or negligently r or allowed to be falsified any control of the correction of a violation re	ertificate, form, sigr	ned statement, ap	oplication,		<u>/</u>	

a rule of any agency, I may be barred from filing further applications or documents with the