

place stamp here

•

Compla	int #	SCB #		Permit #		
1	FILING INFORMATION					
	Initial Filing Periodic Filing		□ Final Filing			
2	LOCATION INFORMATIO	NC				
	House No.(s)	Street Name		Zip	Borough	
	АКА			Block #		
	Community Board #	BIN #		LOT #		
3	INSPECTION REPORT I	NFORMATION				
	Inspection Date Previous Inspection Date (if applicable)					
4	BUILDING DESCRIPTION					
	Landmark Building: YES NO Landmark District: YES NO Number of Stories:					
	Exterior Wall Type: Construction Material: Wood Masonry Other					
5	APPLICANT INFORMAT	ION				
	Last Name	First Name			M.I.	
	Bus. Name	Bus. Address			Bus. TEL.	
	City	State	Zip		Bus. FAX	
	NYS Lic. # DP.E. R.A. Mobile Phone				bile Phone	
	Email					
6	6 OWNER of RECORD INFORMATION (NOT a representative, business manager, or agent)					
	ast Name First Name		M.I.			
	Bus. Name	Bus. Address			Bus. TEL.	
	City	State	Zip		Bus. FAX	
	Email Mobile Phone					
7	7 STATEMENTS and SIGNATURES					
	Owner Owner Representa	tive	P.E. R.A.			
	referenced in the attached report	er/owner's representative of the premises t. Furthermore, I have received and read a I am aware of the required repairs and/or ommended time frame for same.	Name Signature		Date	
	Name	Signature			r/Owner's Representative has	
	Relationship to Owner	Phone	that all stateme	nts are corre	report. Furthermore, I hereby state ct and complete to the best of my port has been given to the owner.	
	Email	Date	-	1. N.	seal, then sign and date over seal	
			that all stateme knowledge. A c	nts are correctly of this re	ct and complete to the best of a port has been given to the owr	

§ 28 –211.1 False statements in certificates, forms, written statements applications, reports, or certificates of correction. It shall be shall be unlawful for any person to
knowingly or negligently make or allow to be made a material false statement in any certificate, professional certification, form, signed statement, application, report
or certification of the correction of a violation that is either submitted directly to the Department or that is generated with the intent that the Department rely on its assertions.