



Facades Waiver of Civil Penalties Form (FWP)

Buildings

1 Property Information

Address		BIN
Borough	Block	Lot

2 Applicant/Owner Contact Information

Name		Address
City, State		Zip
Phone Number	E-mail	

3 Waiver Information DOB Violation: _____

3A Civil Penalty Challenges	3B Waiver Request Reason				
Control #1: _____ Cycle: _____ Address: _____ Late Filing Failure to File Failure to Correct Unsafe Condition	<table border="1"> <tr> <td>Owner</td> <td><input type="checkbox"/> New Owner—Tax Exempt <input type="checkbox"/> Bankruptcy <input type="checkbox"/> New Owner— Econ. Dev. Prog. <input type="checkbox"/> Government Ownership</td> </tr> <tr> <td>Building</td> <td><input type="checkbox"/> Demolished <input type="checkbox"/> Proof of Compliance</td> </tr> </table>	Owner	<input type="checkbox"/> New Owner—Tax Exempt <input type="checkbox"/> Bankruptcy <input type="checkbox"/> New Owner— Econ. Dev. Prog. <input type="checkbox"/> Government Ownership	Building	<input type="checkbox"/> Demolished <input type="checkbox"/> Proof of Compliance
Owner	<input type="checkbox"/> New Owner—Tax Exempt <input type="checkbox"/> Bankruptcy <input type="checkbox"/> New Owner— Econ. Dev. Prog. <input type="checkbox"/> Government Ownership				
Building	<input type="checkbox"/> Demolished <input type="checkbox"/> Proof of Compliance				

Internal Use Only
<input type="checkbox"/> Report included <input type="checkbox"/> Cancelled check included <input type="checkbox"/> Waiver Granted <input type="checkbox"/> Waiver Denied Comments:

Control #2: _____ Cycle: _____ Address: _____ Late Filing Failure to File Failure to Correct Unsafe Condition	<table border="1"> <tr> <td>Owner</td> <td><input type="checkbox"/> New Owner—Tax Exempt <input type="checkbox"/> Bankruptcy <input type="checkbox"/> New Owner— Econ. Dev. Prog. <input type="checkbox"/> Government Ownership</td> </tr> <tr> <td>Building</td> <td><input type="checkbox"/> Demolished <input type="checkbox"/> Proof of Compliance</td> </tr> </table>	Owner	<input type="checkbox"/> New Owner—Tax Exempt <input type="checkbox"/> Bankruptcy <input type="checkbox"/> New Owner— Econ. Dev. Prog. <input type="checkbox"/> Government Ownership	Building	<input type="checkbox"/> Demolished <input type="checkbox"/> Proof of Compliance
Owner	<input type="checkbox"/> New Owner—Tax Exempt <input type="checkbox"/> Bankruptcy <input type="checkbox"/> New Owner— Econ. Dev. Prog. <input type="checkbox"/> Government Ownership				
Building	<input type="checkbox"/> Demolished <input type="checkbox"/> Proof of Compliance				

Internal Use Only
<input type="checkbox"/> Report included <input type="checkbox"/> Cancelled check included <input type="checkbox"/> Waiver Granted <input type="checkbox"/> Waiver Denied Comments:

Control #3: _____ Cycle: _____ Address: _____ Late Filing Failure to File Failure to Correct Unsafe Condition	<table border="1"> <tr> <td>Owner</td> <td><input type="checkbox"/> New Owner—Tax Exempt <input type="checkbox"/> Bankruptcy <input type="checkbox"/> New Owner— Econ. Dev. Prog. <input type="checkbox"/> Government Ownership</td> </tr> <tr> <td>Building</td> <td><input type="checkbox"/> Demolished <input type="checkbox"/> Proof of Compliance</td> </tr> </table>	Owner	<input type="checkbox"/> New Owner—Tax Exempt <input type="checkbox"/> Bankruptcy <input type="checkbox"/> New Owner— Econ. Dev. Prog. <input type="checkbox"/> Government Ownership	Building	<input type="checkbox"/> Demolished <input type="checkbox"/> Proof of Compliance
Owner	<input type="checkbox"/> New Owner—Tax Exempt <input type="checkbox"/> Bankruptcy <input type="checkbox"/> New Owner— Econ. Dev. Prog. <input type="checkbox"/> Government Ownership				
Building	<input type="checkbox"/> Demolished <input type="checkbox"/> Proof of Compliance				

Internal Use Only
<input type="checkbox"/> Report included <input type="checkbox"/> Cancelled check included <input type="checkbox"/> Waiver Granted <input type="checkbox"/> Waiver Denied Comments:

Control #4: _____ Cycle: _____ Address: _____ Late Filing Failure to File Failure to Correct Unsafe Condition	<table border="1"> <tr> <td>Owner</td> <td><input type="checkbox"/> New Owner—Tax Exempt <input type="checkbox"/> Bankruptcy <input type="checkbox"/> New Owner— Econ. Dev. Prog. <input type="checkbox"/> Government Ownership</td> </tr> <tr> <td>Building</td> <td><input type="checkbox"/> Demolished <input type="checkbox"/> Proof of Compliance</td> </tr> </table>	Owner	<input type="checkbox"/> New Owner—Tax Exempt <input type="checkbox"/> Bankruptcy <input type="checkbox"/> New Owner— Econ. Dev. Prog. <input type="checkbox"/> Government Ownership	Building	<input type="checkbox"/> Demolished <input type="checkbox"/> Proof of Compliance
Owner	<input type="checkbox"/> New Owner—Tax Exempt <input type="checkbox"/> Bankruptcy <input type="checkbox"/> New Owner— Econ. Dev. Prog. <input type="checkbox"/> Government Ownership				
Building	<input type="checkbox"/> Demolished <input type="checkbox"/> Proof of Compliance				

Internal Use Only
<input type="checkbox"/> Report included <input type="checkbox"/> Cancelled check included <input type="checkbox"/> Waiver Granted <input type="checkbox"/> Waiver Denied Comments:

Control #5 _____ Cycle: _____ Address: _____ Late Filing Failure to File Failure to Correct Unsafe Condition	<table border="1"> <tr> <td>Owner</td> <td><input type="checkbox"/> New Owner—Tax Exempt <input type="checkbox"/> Bankruptcy <input type="checkbox"/> New Owner— Econ. Dev. Prog. <input type="checkbox"/> Government Ownership</td> </tr> <tr> <td>Building</td> <td><input type="checkbox"/> Demolished <input type="checkbox"/> Proof of Compliance</td> </tr> </table>	Owner	<input type="checkbox"/> New Owner—Tax Exempt <input type="checkbox"/> Bankruptcy <input type="checkbox"/> New Owner— Econ. Dev. Prog. <input type="checkbox"/> Government Ownership	Building	<input type="checkbox"/> Demolished <input type="checkbox"/> Proof of Compliance
Owner	<input type="checkbox"/> New Owner—Tax Exempt <input type="checkbox"/> Bankruptcy <input type="checkbox"/> New Owner— Econ. Dev. Prog. <input type="checkbox"/> Government Ownership				
Building	<input type="checkbox"/> Demolished <input type="checkbox"/> Proof of Compliance				

Internal Use Only
<input type="checkbox"/> Report included <input type="checkbox"/> Cancelled check included <input type="checkbox"/> Waiver Granted <input type="checkbox"/> Waiver Denied Comments:

Internal Use Only
Signature: _____ Date: _____