



**REPORT OF COMPLIANCE WITH LOCAL LAW 16/84**

SUBARTICLE 27-228.05 OF THE BUILDINGS CODE, AS ENACTED BY LOCAL LAW 16 OF 1984, REQUIRES NOTIFICATION OF COMPLIANCE OF THE TYPE OF WORK SHOWN ON APPENDIX "A" ON OR BEFORE APRIL 1, 1987 FOR CERTAIN EXISTING BUILDINGS.

PREMISES ADDRESS: \_\_\_\_\_

BORO \_\_\_\_\_ BLOCK \_\_\_\_\_ LOT \_\_\_\_\_

**INSTRUCTIONS:**

**NOTE: THIS REPORT OF COMPLIANCE CONSISTS OF FOUR PAGES ON TWO SHEETS OF PAPER.**

**A.** IF YOU ARE OWNER/AGENT OF THE PREMISES:

1. PROVIDE THE INFORMATION REQUESTED IN I. BELOW.
2. AFTER REVIEWING APPENDIXES A AND B, ENCLOSED ON PAGES 5 & 6, PERFORM THE WORK REQUIRED UNDER LOCAL LAW 16/84, AND INDICATE THE WORK COMPLETED ON PAGES 3 AND 4 OF THIS REPORT.
3. COMPLETE II. BELOW.
4. SIGN THE REPORT ON PAGES 2 AND 4, AND HAVE THE FORM NOTARIZED ON PAGE 2.

**B.** IF YOU ARE NO LONGER OWNER/AGENT OF THE PREMISES:

1. COMPLETE III. ON PAGE 2.
2. SIGN AND HAVE THE FORM NOTARIZED ON PAGE 2.

**C.** SUBMIT THE REPORT IN DUPLICATE TO:  
NYC DEPARTMENT OF BUILDINGS, LOCAL LAW 16/84  
280 BROADWAY 4<sup>th</sup> FLOOR- NEW YORK, N.Y. 10007

**I.** LIST ALL OTHER STREET ADDRESSES FOR THE PREMISES:

A.K.A \_\_\_\_\_

A.K.A \_\_\_\_\_

NUMBER OF STORIES \_\_\_\_\_ HEIGHT IN FEET \_\_\_\_\_

CERTIFICATE OF OCCUPANCY # \_\_\_\_\_

HOW OCCUPIED (Refer to Page 3 item 2) \_\_\_\_\_

**II.** PURSUANT TO 27-228.05 OF THE NEW YORK CITY BUILDING CODE, I,

_____ NAME	_____ ADDRESS
---------------	------------------

\_\_\_\_\_  
TELEPHONE

HEREBY STATE THAT I AM THE OWNER/AGENT FOR OWNER (CIRCLE ONE) OF THE PREMISES INDICATED ABOVE AND THAT AS OF THIS DATE \_\_\_\_\_, I HEREBY CERTIFY THAT.....

THE CITY OF NEW YORK  
DEPARTMENT OF BUILDINGS  
REPORT OF COMPLIANCE WITH LOCAL LAW, 16/84

**PLEASE CHECK THE APPROPRIATE BOX:**

A.  I HAVE COMPLIED WITH THE REQUIREMENTS OF LOCAL LAW 16 OF 1984 IN THAT I HAVE COMPLETED THE WORK REQUIRED, AND RECEIVED THE PROPER CITY SIGN-OFFS (WHERE APPROPRIATE) FOR THE OCCUPANCY GROUP OF THE PREMISES, AS INDICATED ON PAGES 3 AND 4 OF THIS FORM.

**OR**

B.  I HAVE COMPLIED WITH THE REQUIREMENTS OF LOCAL LAW 16 IN THAT I HAVE COMPLETED THE WORK REQUIRED FOR THE OCCUPANCY GROUP OF THE PREMISES. AS INDICATED ON PAGES 3 AND 4, EXCEPT FOR THE FOLLOWING ITEM(S):

\_\_\_\_\_  
\_\_\_\_\_

*(ATTACH COPY OF DEPARTMENT OF BUILDINGS WAIVER NOTIFICATION, IF APPROPRIATE.)*

**OR**

C.  THE PREMISES IS NOT SUBJECT TO THE APRIL 1, 1987 REQUIREMENTS OF LOCAL LAW 16, IN THAT \_\_\_\_\_

\_\_\_\_\_

**OR**

D.  OTHER (STATE REASON): \_\_\_\_\_

\_\_\_\_\_

III. I, \_\_\_\_\_, \_\_\_\_\_

Name

Address

AM NO LONGER THE OWNER OF THE REFERENCED PREMISES. THE NEW OWNER IS

\_\_\_\_\_

Name

Address

I CERTIFY THAT ALL STATEMENTS MADE AND INFORMATION CONTAINED ON THE FOUR PAGES OF THIS REPORT ARE TRUE AND ACCURATE UNDER THE PENALTIES OF PERJURY.

\_\_\_\_\_  
(Signature)

SWORN TO BEFORE ME THIS

DAY OF

\_\_\_\_\_  
\_\_\_\_\_  
(Notary)

FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW.

THE CITY OF NEW YORK, DEPARTMENT OF BUILDINGS  
REPORT OF COMPLIANCE WITH LOCAL LAW 16/84

1. PREMISES ADDRESS \_\_\_\_\_  
BLOCK \_\_\_\_\_ LOT(S) \_\_\_\_\_

2. OCCUPANCY OF BUILDING: Check the appropriate box(es):

- |  |  |
|--|--|
| <input type="checkbox"/> C - Mercantile      | <input type="checkbox"/> D - Industrial      |
| <input type="checkbox"/> E - Commercial      | <input type="checkbox"/> F - Public Assembly |
| <input type="checkbox"/> G - Educational     | <input type="checkbox"/> H - Institutional   |
| <input type="checkbox"/> J-1 Hotels & Motels | <input type="checkbox"/> J-2 Residential     |

3. Check appropriate box(es) in the following matrix for the type of work completed and signed-off.

**MATRIX OF WORK COMPLETED:**

Note: On page 4, list all Application Numbers if required, for items checked below.

TYPE OF WORK	OCCUPANCY															
	C		D		E		F		G		H		J-1		J-2	
	HR	LR	HR	LR	HR	LR	HR	LR	HR	LR	HR	LR	HR	LR	HR	LR
Elevator Vestibules																
Fire Protection for Escalators																
Emergency Light Vertical Exits																
Emergency Power Exit Lights																
Emergency Power Exit Signs																
Stair & Elevator Signs																
Sleeping Room Signs																
Sprinklers																
Fire Command & Communication																
Smoke Control																
Removal of Locks on Elevator And Hoist-way Doors																
Elevator Recall																
Firemen's Service Operation																
Fire Protection For Escalators																

LEGEND: HR: High Rise (75 Feet)      LR: Low Rise

THE CITY OF NEW YORK, DEPARTMENT OF BUILDINGS  
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**LIST OF APPLICATIONS**

<b>TYPE OF WORK</b>	<b>APPLICATION NUMBER</b>
<b>Elevator Vestibules</b>	
<b>Fire Protection for Escalators</b>	
<b>Emergency Lights Vertical Exits</b>	
<b>Emergency Power Exit Lights</b>	
<b>Emergency Power Exit Signs</b>	
<b>Smoke Control</b>	
<b>Sprinklers</b>	
<b>Fire Command And Communication</b>	
<b>*Removal of Locks on Elevator &amp; Hoist way Doors</b>	
<b>Elevator Recall</b>	
<b>Firemen's Service Operation</b>	

\_\_\_\_\_  
(Signature)

\*No application needs to be filed for removal of mechanical locks unless connected to Fire Alarm System.