



# Structurally Compromised Building Program (SCBP) SCBP: Notification of Unsafe Conditions

*Form must be typewritten*

<b>1</b>	<b>Form submitted by:</b> <input type="checkbox"/> <b>Building Owner</b> <input type="checkbox"/> <b>Registered Design Professional</b> <i>(must check one)</i>
<b>2</b>	<b>Location Information</b> <i>(required for all submissions)</i>

House No.(s)	Street Name
Borough	Block                      Lot                      BIN

<b>3</b>	<b>Owner Information</b> <i>(required for all submissions)</i>
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Last Name	First Name	M.I.
Business Name	Business Telephone	
Business Address	Business Fax	
City	State	Zip
E-Mail	Mobile Telephone	

<b>4</b>	<b>Professional Information</b> <i>(required if form is being submitted by a Registered Design Professional)</i>
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Last Name	First Name	M.I.
Business Name	Business Telephone	
Business Address	Business Fax	
City	State	Zip
E-Mail	<input type="checkbox"/> P.E.	R.A.                      NYS Lic. Number

<b>5</b>	<b>Notification Details</b> <i>(required for all submissions)</i>
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Please be advised that I discovered the following **unsafe condition(s)**:

- |  |   |
|--|---|
| <input type="checkbox"/> Open roof                                     | <input type="checkbox"/> Vacant / Abandoned                       |
| <input type="checkbox"/> Any portion of building structurally unstable | <input type="checkbox"/> 'Unguarded' - Open to unauthorized entry |
| <input type="checkbox"/> Partial collapse                              | <input type="checkbox"/> 'Open' - Windows/doors are missing       |
| <input type="checkbox"/> Other <i>(specify in description below)</i>   |   |

Additional description of condition *(continue on back of sheet if necessary)*:

<b>6</b>	<b>Statement and Signatures</b> <i>(required for all submissions; Seal also required if submitted by a Registered Design Professional)</i>
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Name *(please print)*

Signature

Date: \_\_\_\_\_

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

§ 28 –211.1 It shall be unlawful for any person to make a material false statement in any certificate, professional certification, form signed statement, application, report or certification of the correction of a violation required under the provisions of this code or any rule of any agency promulgated there under that such person knew or should have known to be false.

<b>Internal Use Only</b>	
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Received by Inspection Unit:	Name _____	Date _____
Received by Structurally Compromised Buildings Unit:	Name _____	Date _____
Complaint Number _____	SCB Number (If Applicable) _____	

**Notification Details** *(continued)*