$\qquad$ of $\qquad$

## INSTRUCTIONS

Use this form to list additional property owners or properties owned as required on the Local Law 160 of 2017: Property Ownership Certification form. Use duplicates of this page as necessary to include all required information.

1 LOCATION INFORMATION (required for all applications)

| Job Number |  |
| ---: | :--- |
| Property Address | Block |
| Borough | Lot |

2 PROPERTY OWNERS (required for all applications)
Provide information about each owner of the property for which a permit is being sought.
OWNER INFORMATION

| Last Name | First Name | Middle Initial |
| ---: | ---: | ---: |
| Bus. Name |  | Bus. Telephone |
| Bus. Address | State | Zip |
| City |  | Email |

## OWNER INFORMATION

| Last Name | First Name | Middle Initial |  |
| ---: | :---: | :---: | :---: |
| Bus. Name |  |  |  |
| Bus. Address | State | Zip | Bus. Telephone |
| City |  | Email |  |

## 3 PROPERTIES OWNED IN NEW YORK CITY (required for all applications)

List all the properties in New York City owned by each owner listed in Section 2 and provide the specified information for each property. (Covered arrears are unpaid fines, civil penalties or judgments entered by a court or OATH resulting from violations issued by DOB, or past due fees, or other charges assessed by the Department.)

| Owner Name | Property Address | Are Covered Arrears <br> Owed for the Property? | Amount of Covered <br> Arrears Owed |
| :---: | :---: | :---: | :--- |
|  |  | $\square$ Yes $\square$ No | \$ |
|  |  | $\square$ Yes $\square$ No |  |
|  |  | $\square$ Yes $\square$ No |  |
|  |  | $\square$ Yes $\square$ No |  |
|  |  | $\square$ Yes $\square$ No |  |
|  |  | $\square$ Yes $\square$ No |  |
|  |  | $\square$ Yes $\square$ No |  |
|  |  | $\square$ |  |

page $\qquad$ of $\qquad$

| Owner Name | Property Address | Are Covered Arrears Owed for the Property? | Amount of Covered Arrears Owed |
| :---: | :---: | :---: | :---: |
|  |  | $\square$ Yes $\square$ No | \$ |
|  |  | $\square$ Yes $\square$ No | \$ |
|  |  | $\square$ Yes $\square$ No | \$ |
|  |  | $\square$ Yes $\square$ No | \$ |
|  |  | $\square$ Yes $\square$ No | \$ |
|  |  | $\square$ Yes $\square$ No | \$ |
|  |  | $\square$ Yes $\square$ No | \$ |
|  |  | $\square$ Yes $\square$ No | \$ |
|  |  | $\square$ Yes $\square$ No | \$ |
|  |  | $\square$ Yes $\square$ No | \$ |
|  |  | $\square$ Yes $\square$ No | \$ |
|  |  | $\square$ Yes $\square$ No | \$ |
|  |  | $\square$ Yes $\square$ No | \$ |
|  |  | $\square$ Yes $\square$ No | \$ |
|  |  | $\square$ Yes $\square$ No | \$ |
|  |  | $\square$ Yes $\square$ No | \$ |
|  |  | $\square$ Yes $\square$ No | \$ |
|  |  | $\square$ Yes $\square$ No | \$ |
|  |  | $\square$ Yes $\square$ No | \$ |

