



AEU2: Certificate of Correction

Required For Certification Of ECB Violations Only

AFFIDAVIT

1 Violation Information

ECB VIOLATION NUMBER

--	--	--	--	--	--	--	--	--

PLACE OF OCCURRENCE:

(Number and street)

(Borough and Zip)

STATE OF

COUNTY OF

I, _____, duly swear and affirm under penalty of perjury, that I am the (check one):

- ☐ **Respondent** named on the violation
- ☐ **Officer, Director** or **Managing Agent** of the named respondent corporation (circle one)
- ☐ **Owner of Property** but not named respondent (if you are a new owner, attach copy of deed)
- ☐ **Managing agent** of place of occurrence (attach letter of designation by owner)
- ☐ **Partner** of named respondent partnership
- ☐ **Contractor or other agent of named respondent** (attach written authorization from respondent)

My mailing address is:

(street address, city, state, zip code)

2 Person Who Performed Work

I have complied with the order of the Commissioner to correct each condition cited on this violation. The work described in the attached sworn statement was completed on _____ and was performed by (check one):

(date)

- ☐ Myself Name of person who performed work: _____
- ☐ My employee Company: _____
- ☐ Contractor Address: _____
- ☐ Architect/Engineer License/ Registration No. of professional/licensee/contractor: _____

REQUIRED: I have attached a sworn/affirmed statement describing the work done to correct the violating condition(s). In addition, I have attached copies of all permits, bills, receipts, photographs, and/or other documentary proof that the violating condition(s) has/have been corrected, or have explained in my statement why such are not available. I am aware that I may be required to attend any pending ECB hearing on the violation or risk the imposition of default penalties.

3 Cure Submission (Check box below only if eligible and you are requesting a cure - see reverse)

- ☐ **CURE REQUEST.** I admit the existence of the violation(s) charged. I am aware that a hearing is required if my request is not accepted.

4 Statement of Signature

I have personal knowledge that the violating condition(s) have been corrected as per this affidavit and statement(s) attached.

Sworn to, or affirmed under penalty of perjury, before me

this _____ day of _____

Signature

Notary Public

Affix Stamp

Mail or return this form in person, with supporting documents, to:

NYC Department of Buildings, Administrative Enforcement Unit
280 Broadway, 5th Floor
New York, NY 10007
Phone: (212) 393-2405

False certification is a criminal misdemeanor under sections 28-203.1.1 and 28-211.1 of the NYC Administrative Code, punishable by up to 1 year imprisonment and/or a fine of up to \$25,000. It is also punishable with a civil penalty of up to \$25,000.

