

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 _____
 Borough _____ Block _____ 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. Address _____ Bus. Telephone _____
 City _____ State _____ Zip _____ Email _____

OWNER INFORMATION

Last Name _____ First Name _____ Middle Initial _____
 Bus. Name _____
 Bus. Address _____ Bus. Telephone _____
 City _____ State _____ Zip _____ 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 Owed for the Property?	Amount of Covered Arrears Owed
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$

Owner Name	Property Address	Are Covered Arrears Owed for the Property?	Amount of Covered Arrears Owed
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
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