



DEPARTMENT OF BUILDINGS & REGULATORY COMPLIANCE

200 HENRY JOHNSON BLVD.—SUITE 1 | ALBANY, NY 12210
518.434-5995 | FAX 518.434.6015 | EMAIL: CODES@ALBANYNY.GOV

STOP WORK ORDER REDUCTION OR WAIVER REQUEST FORM

This form is used to dispute a stop work order issued by this Department or request a waiver or reduction of the stop work order fee or fees. When completed please forward this form to Buildings & Regulatory Compliance, 200 Henry Johnson Blvd, Albany, NY 12210 or to codes@albanyny.gov. Once we have reviewed your request we will notify you of our decision. You may apply for a permit while this request is pending but the permit cannot be issued until this request is resolved. If your position is that you did not need a permit, you can apply for a permit without it having an effect on our review of this request and if we agree to withdraw the SWO the permit application fee will be refunded to you.

CONTACT INFORMATION

NAME(S):
ADDRESS: ZIP:
EMAIL: PHONE

STOP WORK ORDER INFORMATION

ADDRESS OF ALLEGED ILLEGAL WORK:
DATE OF STOP WORK ORDER:

REQUEST

DESIRED OUTCOME (CHECK ALL THAT APPLY):

WITHDRAWAL OF SWO [ ] FEE WAIVER/REDUCTION [ ] TRANSFER OF SWO TO ANOTHER PARTY [ ]
IE. YOU BELIEVE THAT A PERMIT WAS NOT REQUIRED FOR THE WORK PERFORMED.
IE. YOU ACCEPT THAT A PERMIT WAS REQUIRED BUT WOULD LIKE THE SWO FEE REDUCED.
IE. ANOTHER PERSON PERFORMED THE ALLEGED WORK AND THE SWO SHOULD BE ISSUED AGAINST THEM.

NARRATIVE:

PLEASE EXPLAIN WHAT WORK WAS BEING DONE AND WHY YOU ARE SEEKING THE DESIRED OUTCOME. IF YOU BELIEVE THE SWO SHOULD BE TRANSFERRED TO ANOTHER PARTY, PLEASE PROVIDE IDENTIFYING INFORMATION FOR THE GUILTY PARTY AND EVIDENCE THAT THAT INDIVIDUAL DID THE WORK FOR WHICH THE SWO WAS ISSUED.

[Empty lines for narrative text]

STAFF USE ONLY

DATE REC'D: REC'D BY: SCANNED BY: REC. NO.:

