



NEW YORK CITY LOFT BOARD

100 Gold Street, 2nd Floor
New York, New York 10038
(212) 788-7610 • Fax: (212)788-7501
www.nyc.gov/html/loft

MARC RAUCH
Chairperson

**REQUEST FOR NARRATIVE STATEMENT CERTIFICATION
FOR CO-OP/CONDO OWNERSHIP**

Date: _____

IMD Premises Address: _____ IMD No. _____

Contact:

*(Name, address and phone number of
Coop/Condo's President, managing Agent, or
Other Authorized Representative.)*

Name: _____

Address: _____

Phone Number: _____
(Please print clearly)

Title of Representative

OWNERS' CERTIFICATION

I hereby certify that I am the owner of an IMD unit in the above-referenced premises and I use the IMD unit as my residence.

I request the Loft Board to issue a narrative statement certification pursuant to 29 RCNY §2-01(d)(2).

Signature of Owner or Authorized Representative

