

**Legalization Progress Report**

For \_\_\_\_\_, 20\_\_\_\_

Complete this report if the Loft Board has issued a Certification of Owner’s Legalization Plan and the Owner has not obtained a residential Certification of Occupancy for the spaces covered under Article 7-C of the Multiple Dwelling Law (MDL). If required to file, complete parts 1 to 6 and attach documentation of any new legalization stage reached. Include a description of the legalization work in the legalization plan and narrative statement certified by the Loft Board, completed within the last thirty days. Attach additional sheets if necessary.

**Location Information:**

House No(s) \_\_\_\_\_ Street Name \_\_\_\_\_

Borough \_\_\_\_\_ IMD No \_\_\_\_\_

**1. Legalization State Reached (check one):**

- Permit     TCO     Article 7-B Compliance     Final C of O

**2. Legalization Projects Completed Within the Last 30 Days:**

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**3. Open Issues In Legalization Work:**

A. Legalization Work

- Percentage of legalization work currently complete: \_\_\_\_\_%.
- Date the legalization work is expected to be 100% complete: \_\_\_\_\_

- If the date the legalization work is expected to be completed is unknown, state why:

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- The legalization work has not started because:

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- The legalization work presently is not continuing because:

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B. Open DOB/ECB Violations?  YES  NO (please check one)

- Number of open DOB/ECB violations reported in previous monthly report: \_\_\_\_\_.
- Number of DOB/ECB violations that are currently open: \_\_\_\_\_.
- List all open DOB/ECB violations below (attach additional sheets if necessary):

Violation #	Type of Violation	Projected Date for Resolving Violation

- List reasons why the DOB/ECB violations are currently open and the date the owner expects to have the violations cleared

\_\_\_\_\_

C. Open DOB Applications?  YES  NO (please check one)

- Number of open DOB applications reported in previous monthly report \_\_\_\_\_
- Number of DOB applications that are currently filed with DOB \_\_\_\_\_
- List all applications currently filed with DOB below, and attach copies of the DOB stamped cover page of each application to this report:

Application #	Type	Percentage of Work Completed	Projected Date for Closing Application

- If owner has not applied for a permit to perform the legalization work of the IMD spaces indicate here why owner has not applied:

\_\_\_\_\_

D. Permits?  YES  NO (please check one)

- List all permits for legalization work below, whether or not active:

Permit #	Type of Permit	Expiration Date

- If alteration permits have expired, state the date owner will renew the expired alteration permit with DOB and file it with the Loft Board

\_\_\_\_\_

- The building does not have a current alteration permit for the legalization of the IMD space because:

\_\_\_\_\_

E. Landmarks Issues?  YES  NO (*please check one*)

- State the issue:

\_\_\_\_\_

- Action taken to resolve issue

\_\_\_\_\_

- Date action taken:

\_\_\_\_\_

F. Access Issues?  YES  NO (*please check one*)

- If yes, what unit(s):

\_\_\_\_\_

- Date access notice was served on tenant(s):

\_\_\_\_\_

- Date access application has been/will be filed with the Loft Board:

\_\_\_\_\_

G. List any other comments or information you would like to bring to the attention of the Loft Board:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**4. Projected Date for Obtaining C of O:**

\_\_\_\_\_

**5. Preparer's Certification (must be signed by a registered architect or licensed engineer):**

*I am a Registered Architect/Professional Engineer [strike as appropriate]. I certify that this monthly report accurately reflects the legalization status of the above-referenced IMD building as of the date of this monthly report is filed with the Loft Board.*

\_\_\_\_\_  
*Name (printed)*

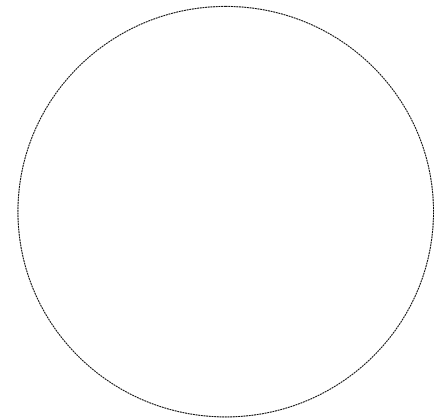
\_\_\_\_\_  
*Relationship to Building*

\_\_\_\_\_  
*Mailing Address*

\_\_\_\_\_  
*License Number and Expiration Date*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*



*Affix seal and signature in accordance with all regulations applicable when applying signature and seal to official documents filed with the NYC Loft Board.*

**6. Primary Landlord's Certification (must be signed by IMD owner):**

I certify that this monthly report reflects the legalization status of the above-referenced IMD building as of the date this monthly report is filed with the Loft Board.

Print Name of Primary Landlord: \_\_\_\_\_

Signature of Primary Landlord: \_\_\_\_\_ Date Signed: \_\_\_\_\_