



## NEW YORK CITY LOFT BOARD

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

**MARC RAUCH**  
Chairperson

**LANNY R. ALEXANDER**  
Executive Director

### LOFT BOARD LEGALIZATION PROGRESS REPORT FORM

IMD ADDRESS: \_\_\_\_\_

DATE: \_\_\_\_\_

**1. LEGALIZATION STAGE REACHED:** (circle one) Permit, TCO, Article 7-B Compliance, Final CO

**NOTE:**

*If a final Certificate of Occupancy has been obtained for the premises, complete only items 1, 4 and 5 of this progress report form, attach a copy of the final C of O and file the form and the C of O with the Loft Board.*

*If a final C of O has not yet been obtained, complete the entire report form and attach documentation of any new legalization stage reached.*

**2. OPEN LEGALIZATION ISSUES**

**Please Indicate Whether You Have Any Of The Following Legalization Issues And Provide The Requested Information:**

**A. LEGALIZATION WORK**

- Percentage of legalization work that was reported as complete in last report: \_\_\_\_\_%
- Percentage of legalization work that is currently complete: \_\_\_\_\_%
- **List on a separate sheet 1) all open work items, 2) the date that the work began or will begin 3) the projected dates of completion and attach the sheet to this form.**

**B. DOB/ECB VIOLATIONS?** YES/NO (circle one)

Number of violations reported in last report: \_\_\_\_\_. Number of violations that are still open: \_\_\_\_\_.

Violation #	Type of Violation	Projected date for resolving violation:
_____	_____	_____
_____	_____	_____

(Attach additional sheets if necessary)

**C. OPEN DOB APPLICATIONS?** YES/NO (circle one)

Number of applications reported in last report: \_\_\_\_\_. Number of applications that are still open: \_\_\_\_\_.

Application #	Type of Application	Projected date for closing application:
_____	_____	_____
_____	_____	_____

(Attach additional sheets if necessary)

**D. LANDMARKS ISSUES? YES/NO (circle one)**

What is the issue? \_\_\_\_\_

Projected Date for Resolving Landmark Issues: \_\_\_\_\_

**E. ACCESS ISSUES? YES/ NO (circle one)**

Unit (s) where there is/are access issues: \_\_\_\_\_. Date access notice served on tenant(s): \_\_\_\_\_.

If access application is necessary and was not already filed, application will be filed with Loft Board by: \_\_\_\_\_.

**F. OTHER ISSUE (s): \_\_\_\_\_**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. PROJECTED DATE FOR OBTAINING THE FINAL C OF O: \_\_\_\_\_.**

**4. PREPARER'S INFORMATION**

Name: \_\_\_\_\_ Phone:( ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
(Print)

Relationship to Building: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

**NOTE:** Failure to provide complete and accurate information in this report may result in enforcement action against the owner. The following is to be signed only by the primary landlord:

**5. PRIMARY LANDLORD'S CERTIFICATION**

IMD Address: \_\_\_\_\_

**I certify that this report reflects the status of legalization of the subject IMD building as of the date indicated below.**

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

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