



Robert D. LiMandri
Chairperson

MONTHLY LEGALIZATION PROGRESS REPORT

For _____, 20

Lanny R. Alexander
Executive Director

280 Broadway, 3rd Floor
New York, NY 10007
nyc.gov/loftboard

IMD NUMBER: _____

IMD ADDRESS: _____ DATE: _____

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***NOTE:** A monthly filing of this report is not necessary if the building has been issued a final residential certificate of occupancy ("C of O") for the spaces covered under Article 7-C of the Multiple Dwelling Law ("MDL"). If a final C of O has not been issued, complete items 1-6 below and attach documentation of any new legalization stage reached. Please attach additional sheets to this monthly report if necessary.*

1. LAST LEGALIZATION STAGE REACHED: (check one)

Please identify the last legalization milestone reached: Permit TCO Article 7-B Compliance Final C of O

2. LEGALIZATION PROJECTS:

MONTHLY REPORTS FOR ALL MONTHS must include a description of the legalization work, as set forth in the legalization plan and narrative statement certified by the Loft Board, completed within the last thirty days.

MONTHLY REPORTS FOR JANUARY, MAY, and SEPTEMBER must include: 1) this form and 2) a description of work performed in the last thirty days and 3) a schedule of work to be performed during the next four months, as set forth in the legalization plan and narrative statement certified by the Loft Board. If a prior monthly report listed a work item as projected to be have been completed, please provide an explanation as to why such item was not completed by the projected completion date.

3. LEGALIZATION WORK OPEN ISSUES:

A. Legalization Work

- Percentage of legalization work currently complete: _____%.
- Date the legalization work is expected to be 100% complete: _____.
- Date the legalization work is expected to be completed is unknown because: _____
- The legalization work has not started because: _____.
- The legalization work presently is not continuing because: _____.

B. Open DOB/ECB Violations? YES NO (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:

Violation #	Type of Violation	Projected Date for Resolving Violation
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

C. Open DOB Applications? YES NO (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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- The owner has not applied for a permit to perform the legalization work of the IMD spaces because: _____.

D. Active Permits? YES NO (check one)

- List all active permits below, and attach copies of the permits to this report:

Permit #	Type of Permit	Expiration Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

- Have the alteration permits already expired? YES NO
 - If yes, 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 (check one)

- State the issue: _____.
- Action taken to resolve issue _____.
- Date action taken: _____.

F. **Access Issues?** YES NO (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 Loft Board's Attention:**

4. **PROJECTED DATE FOR OBTAINING FINAL C OF O:** _____.

5. **PREPARER'S CERTIFICATION:**

(NOTE: This certification must be signed by a registered architect or licensed engineer).

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 Architect/Engineer: _____

Signature of Architect/Engineer: _____ Date Signed: _____

Phone: () _____ E-mail Address: _____

Relationship to Building: _____

Mailing Address: _____

Architect/Engineer License Number and Expiration Date: _____

6. **PRIMARY LANDLORD'S CERTIFICATION:**

(NOTE: This certification must be signed by the IMD owner. Failure to provide complete and accurate information in this report may result in action taken against the 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: _____