



Loft Board

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**WAIVER OF NARRATIVE STATEMENT PROCESS FOR
COOPERATIVE/CONDOMINIUM OWNERSHIP**

Date: _____

IMD Registration No: _____

Building Address: _____

RESIDENTIAL TENANT OR OWNER WAIVER

I hereby certify:

1. That I reside in an IMD unit in the above-referenced premises.
2. I have reviewed the narrative statement dated _____ and plans dated _____ for Alteration Job Application No. _____; and
3. To the extent that I have a right to participate in the narrative statement process under Title 29 of the Rules of the City of New York § 2-01(d)(2), I hereby waive that right.

Every IMD unit used for residential purposes must be listed below (when applicable):

Unit #	Residential Occupant's Name: (please print clearly)	Signature	State Type of Residential Occupant: Owner or Non-owner

Attach additional sheets as needed
Number of additional sheets attached: _____



OWNER'S REQUEST FOR CERTIFICATION

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

Owner: _____
Print Name

Signature

Owner's contact information (Please print clearly):

Title of Representative

Name: _____

Address: _____

Phone No: _____

The Loft Board will not grant this request if the building's registration is delinquent. All units remaining residential must continue to be registered until the building is removed from the Loft Board's jurisdiction by a Loft Board order.