

**BUILDING'S INFORMATION**

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

Borough \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_ IMD No. \_\_\_\_\_

List the dates of the prior amendment(s) to the Narrative Statement if any \_\_\_\_\_

**OWNER'S INFORMATION**

Name of Owner \_\_\_\_\_

Owner's Address \_\_\_\_\_

Phone Number(s) and Email \_\_\_\_\_

Alt. No.: \_\_\_\_\_

**PREPARER'S CERTIFICATION** *(form must be signed by a licensed Professional Engineer or Registered Architect)*

I am a  Professional Engineer/  Registered Architect *(indicate appropriate)*. I certify that this Amended Narrative Statement is a complete and accurate statement of the work proposed in Alteration Application Job No. \_\_\_\_\_ and plans for the units and common areas described.

I certify that  I or my  staff *(indicate appropriate)* \_\_\_\_\_ *(name of staff person)* inspected the IMD residential units \_\_\_\_\_ on \_\_\_\_\_ and these plans are based on the inspection. If the residential units were inspected on different dates, I have attached a separate sheet listing the unit, the date of the inspection and the name of the person who completed the inspection. To the best of my knowledge, the architectural plans reflect the conditions as they existed on the date of the inspection.

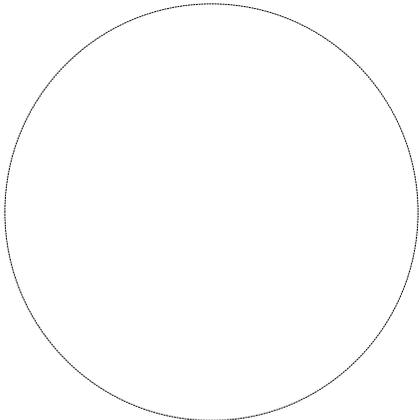
\_\_\_\_\_  
*Name (printed)*

\_\_\_\_\_  
*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.*

**NOTE: False statements may subject you to the penalties provided by law, including fines and/or imprisonment.**

Date: \_\_\_\_\_

| LOCATION OF WORK<br><i>(Unit Designation or Common Area)</i> | WORK TO BE PERFORMED | TYPE & AMOUNT OF MATERIAL/EQUIPMENT | ESTIMATED TIME SCHEDULE | NON-COMPLIANT CONDITIONS ADDRESSES<br><i>(Include Citation of Law)</i> | COMMENTS |
|--|----------------------|-------------------------------------|-------------------------|--|----------|
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AMENDED NARRATIVE STATEMENT: SECTION 2-01(d)(2)(ii)  
**Owner's Certification of Compliance with Occupant  
Notice Provisions of Code Compliance Regulations**

**INSTRUCTIONS**

The owner **must** complete this form and file it at the NYC Department of Buildings (DOB) within five (5) days after filing the Amended Narrative Statement and legalization plan with the NYC Loft Board.

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

Borough \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_ IMD No. \_\_\_\_\_

**OWNER'S INFORMATION**

Name(s) of Owner(s) \_\_\_\_\_

Address \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

Email \_\_\_\_\_

**Owner's Verification**

I hereby verify, under the penalties provided by law, including fine and imprisonment, or both, that:

1. All occupants of the above address and listed above have been served with copies of the Amended Narrative Statement and that the NYC Loft Board has been served with the original Amended Narrative Statement and attachments.
2. I will comply with all other requirements of 29 RCNY Section 2-01(d).
3. I will comply with the requirements for a Tenant Protection Plan pursuant to NYC Administrative Code Section 28-104.8.4; **and**
4. I understand that prior to the issuance of a building permit, I must submit to the borough office a certificate from the NYC Loft Board certifying compliance with all requirements of 29 RCNY § 2-01(d).

\_\_\_\_\_  
*Name (print)*

\_\_\_\_\_  
*Title (Owner, Officer of Corporation, Lessee)*

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

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