

BUILDING INFORMATION

House No.: _____ Street Name: _____

Borough: _____ IMD No.: _____

OWNER/RESPONSIBLE PARTY OR MANAGING AGENT INFORMATION

Name: _____ Daytime Phone No.: _____

House No.: _____ Street Address: _____

City: _____ State: _____ Zip Code: _____

Relationship to the building: _____

CERTIFICATION

I hereby state that I am the *(select the appropriate choice)*:

Owner Responsible Party Managing Agent of the above-referenced Interim Multiple Dwelling

The building has _____ *(number of fire escapes)* fire escape(s) servicing the residential units of the building.

The fire escape(s) was/were last scraped and painted on _____ *(add a date)*.

I certify that I inspected the fire escape(s), the stairs and the corridors used for egress throughout the building. Based on my visual inspection conducted on _____ *(date must be within 14 days of the date listed below)*, the fire escape(s) and the means of egress for the building are *(check the correct option below)*:

- Free of defects, including free of rust and personal items.
- Not free of defects. Owner agrees to repair the defects in the fire escape or egress. An amended certification certifying correction of the defects will be filed on or before **August 30th**. Owner may be subject to fines for failure to certify the correction of the defects.

The New York City Loft Board reserves the right to inspect the fire escapes, and the means of egress in the building at any time.

I swear or affirm that the statements on this form are true. If Owner is not a natural person, use the line below to state relationship of the signer to the owner.

Date

Print Name *(the person who inspected)*

Signature *(the person who inspected)*

Relationship to Owner

NOTE: False statements may subject you to penalties provided by law. Failure to file this certification may subject the owner to fines and penalties.