

For \_\_\_\_\_, 20\_\_\_\_

**INSTRUCTIONS**  
Complete the **Legalization Progress Report** if the Loft Board has issued a Certification of Owner's Legalization Plan and the Owner has not obtained a residential Certification of Occupancy for the spaces covered under Article 7-C of the Multiple Dwelling Law (MDL). If required to file, complete parts 1 to 6 and attach documentation of any new legalization stage reached. Include a description of the legalization work in the legalization plan and narrative statement certified by the Loft Board, completed within the last thirty days. Attach additional sheets if necessary.

### Building Information:

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

Borough \_\_\_\_\_ IMD No. \_\_\_\_\_

### Legalization:

#### 1. LEGALIZATION STATE REACHED (check one)

- Permit       TCO       Article 7-B Compliance       Final C of O

#### 2. LEGALIZATION PROJECTS COMPLETED WITHIN THE LAST 30 DAYS

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

#### 3. OPEN ISSUES IN LEGALIZATION WORK

##### A. Legalization Work

- Percentage of legalization work currently complete: \_\_\_\_\_%.
- Date the legalization work is expected to be 100% complete: \_\_\_\_\_
- If the date the legalization work is expected to be completed is unknown, state why:  
\_\_\_\_\_  
\_\_\_\_\_
- The legalization work has not started because:  
\_\_\_\_\_
- The legalization work presently is not continuing because:  
\_\_\_\_\_

**B. Open DOB/ECB Violations?** (check one)  YES  NO

- 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 (attach additional sheets if necessary):

Violation No.	Type of Violation	Projected Date for Resolving Violation

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

\_\_\_\_\_

**C. Open DOB Applications?** (check one)  YES  NO

- 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 No.	Type	Percentage of Work Completed	Projected Date for Closing Application

- If owner has not applied for a permit to perform the legalization work of the IMD spaces indicate here why owner has not applied:

\_\_\_\_\_

**D. Permits?** (check one)  YES  NO

- List all permits for legalization work below, whether or not active:

Permit No.	Type of Permit	Expiration Date



- If alteration permits have expired, state the date owner will renew each expired alteration permit with DOB and file it with the Loft Board:

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- The building does not have a current alteration permit for the legalization of the IMD space because:

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**E. Landmarks Issues?** *(check one)*       YES       NO

- State the issue:

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- Action taken to resolve issue:

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- Date action taken:

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**F. Access Issues?** *(check one)*       YES       NO

- If 'YES' what unit(s)?

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- Date access notice was served on tenant(s):

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- Date access application has been/will be filed with the Loft Board:

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**G. List any other comments or information you would like to bring to the attention of the Loft Board:**

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**4. CERTIFICATE OF OCCUPANCY**

Projected Date for Obtaining C of O \_\_\_\_\_

**5. PREPARER'S CERTIFICATION (must be signed by a registered architect or licensed engineer)**

I am a Registered Architect/Professional Engineer [strike as appropriate]. I certify that this monthly report accurately reflects the legalization status of the above-referenced IMD building as of the date of this monthly report is filed with the Loft Board.

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

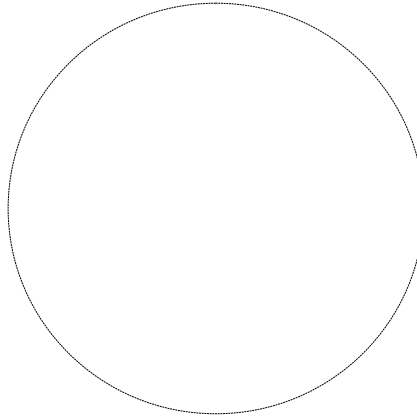
\_\_\_\_\_  
Relationship to Building

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
License Number and Expiration 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.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**6. PRIMARY LANDLORD'S VERIFICATION OR AFFIRMATION (must be signed by IMD owner)**

I verify or affirm 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.

\_\_\_\_\_  
Name of Primary Landlord (print):

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**NOTE: It is not necessary for this document to be sworn to, but false statements may subject you to penalties provided by law, including fines and/or imprisonment.**