

BIN NUMBER: _____

Contact nycloftboardhold@buildings.nyc.gov for assistance or visit us in-person Monday through Friday from 9:00am until 4:00pm at our offices located in Manhattan at 280 Broadway, 1st Floor, New York, NY 10007.

DATE OF FORM: _____

Building Information

Address: _____

Job No.: _____ Approval Letter Date: _____

Reason for Lift Hold Request:

Is this request for a Post Approval Amendment (PAA)? YES NO

If YES, are there any changes to the plan? YES NO

If YES, are these changes affecting IMD spaces? YES NO

If YES to any of the above questions, please explain:

NOTE: Please provide the Loft Board Approval Letter for the DOB job(s) related to the lift hold request.

Statement & Signature

I hereby affirm, under penalty of law, that all the above information is true and accurate and has been verified to the best of my abilities.

Name: _____ Phone No. _____

Email: _____

Business Address: _____

Home Address: _____

Signature: _____ Date: _____

Hold lifted by: _____