

Date _____

Building Information

House No(s) _____ Street Name _____
 Borough _____ IMD No. _____

Waiver of Residential Tenant or Owner (i.e. cooperative/condominium)

I certify that:

- I reside in an IMD unit in the above-referenced premises.
- I have reviewed the Narrative Statement dated _____
 and plan(s) dated _____, _____, _____,
 for Alteration Job Application No(s). _____, _____, _____, _____
- 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 No.	Residential Occupant's Name <i>(please print)</i>	Signature	Owner? <i>(i.e. cooperative/condominium)</i>
			Coop Condo
			Coop Condo
			Coop Condo
			Coop Condo
			Coop Condo
			Coop Condo
			Coop Condo

Attach additional sheets as needed

Number of additional sheets _____

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).

Signature

Owner's Contact Information

Name: _____

Title (if representative): _____

Address: _____

Telephone Number: _____

Email Address: _____

The NYC Loft Board will not grant this request if the building 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.