NYC[°] Loft Board

Amended Narrative Statement

29 RCNY Section 2-01(d)

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 D Professional Engineer/ D 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 \square I or my \square 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 v	vere inspected on different dates	s, I have attached a separate
sheet listing the unit, the date of the inspection and	the name of the person who com	pleted the inspection. To the
best of my knowledge, the architectural plans reflect	the conditions as they existed o	n 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.

Description of Work

Date: _____

LOCATION OF WORK (Unit Designation or Common Area)	WORK TO BE PERFORMED	TYPE & AMOUNT OF MATERIAL/EQUIPMENT	ESTIMATED TIME SCHEDULE	NON-COMPLIANT CONDITIONS ADDRESSES (Include Citation of Law)	COMMENTS
LOCATION OF WORK (Unit Designation or Common Area)	WORK TO BE PERFORMED	TYPE & AMOUNT OF MATERIAL/EQUIPMENT	ESTIMATED TIME SCHEDULE	NON-COMPLIANT CONDITIONS ADDRESSES (Include Citation of Law)	COMMENTS
LOCATION OF WORK (Unit Designation or Common Area)	WORK TO BE PERFORMED	TYPE & AMOUNT OF MATERIAL/EQUIPMENT	ESTIMATED TIME SCHEDULE	NON-COMPLIANT CONDITIONS ADDRESSES (Include Citation of Law)	COMMENTS

INSTRUCTIONS

Complete this form after serving the Amended Narrative Statement on occupants and file with the NYC Loft Board ONLY.

I, ________(owner) verify under penalties provided by law, including fines or imprisonment, or both, that I served this Amended Narrative Statement on all occupants of the premises, within five (5) days prior to this filing and certify that I am submitting to the NYC Loft Board together with proof of service, the original Amended Narrative Statement, two (2) copies of the filed Alteration Application with the NYC Department of Buildings' acknowledgement of filing and two (2) copies of the submitted plans.

Service on the parties has been accomplished as follows (attach additional sheets if necessary):

UNIT & NAME OF	ADDRESS	METHOD OF SERVICE (indicate how service was completed using a check mark)				
OCCUPANT(S)		Personal Delivery	Email	Fax	First Class Mail	Private Delivery

Name (Print)

Title (Owner, Officer of Corporation, Lessee)

Date

Signature

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.

BUILDING INFORMATION					
House No.(s) Street Nan	me				
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