

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

**INSTRUCTIONS**  
Complete the **Legalization Progress Report** if the Owner has not obtained a residential Certificate of Occupancy for the units covered under Article 7-C of the Multiple Dwelling Law. Owner is required to complete the entire form and attach documentation if necessary. Include a description of the legalization work completed within the last ninety (90) days. Attach additional sheets if necessary.  
Legalization reports must be filed on or prior to the 1st of January, April, July and October.

### Building Information:

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

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

### Legalization:

#### 1. LEGALIZATION STATE REACHED (check if applicable)

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

#### 2. LEGALIZATION PROJECTS COMPLETED WITHIN THE LAST 90 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 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. I certify that this report accurately reflects the legalization status of the above-referenced IMD building as of the date of this report is filed with the Loft Board.

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

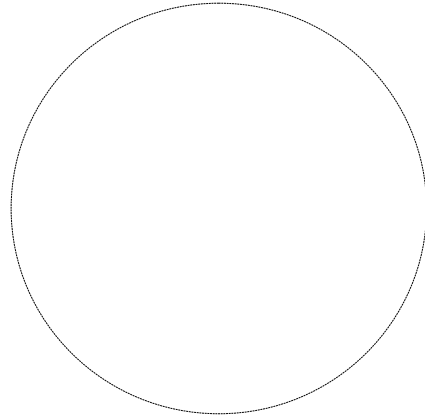
\_\_\_\_\_  
Relationship to Building

\_\_\_\_\_  
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 report reflects the legalization status of the above-referenced IMD building as of the date this 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. Failure to file this report may subject the owner to fines and penalties of up to \$1000 per report.**