

Date \_\_\_\_\_

**Building Information**

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

**Residential Tenant or Owner Waiver**

**I certify that:**

1. I reside in an IMD unit in the above-referenced premises.
2. I have reviewed the Narrative Statement dated \_\_\_\_\_ and plans dated \_\_\_\_\_ for Alteration Job Application No. \_\_\_\_\_; and
3. 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 or Non-Owner

*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.***