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**WAIVER OF NARRATIVE STATEMENT PROCESS FOR
NON-COOPERATIVE/CONDOMINIUM OWNERSHIP**

Date: _____ IMD Registration No: _____

Building Address: _____

RESIDENTIAL TENANT'S WAIVER

I hereby certify:

1. That I reside in an IMD unit in the above-referenced premises.
2. Alteration Job Application No.: _____
3. I have reviewed the narrative statement dated _____ plans dated _____ and to the extent I have a right to participate in the narrative statement process under 29 RCNY § 2-01(d) (2) of the Loft Board's rules, I hereby waive that right

(Every IMD unit used for residential purposes must be listed below)

Unit #	Residential Occupant's Name (please print)	Signature	State Type of Residential Occupant: Owner or Non-owner

Attach additional sheets as needed
Number of additional sheets attached: _____

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) of the Loft Board's rules.

Owner: _____
Signature

Print Name

Owner's contact information:

Name: _____

Address: _____

Phone No: _____

Please print clearly

Title of Representative

The Loft Board will not grant this request if the building's registration is delinquent. All units remaining residential must continue to be registered until the building is removed from the Loft Board's jurisdiction by Loft Board order.