Buil	ding Number(s)	Street N	ame	Borough	IMD No.	BIN No.
Buildi	ing AKAs:					
LC	LONO requested for job application no.: Permit? □Yes □No					
Le	Legalization Alt. 1 job application no.: Permit? □Yes □No					
. IS	BUILDING WITH	IN THE LOFT BOARD'S	S JURISDICTION?	⊓Yes ⊓No N	OTE: if 'no.' re	eview ends here.
				2.00 2.10	· · · · · · · · · · · · · · · · · · ·	
II. <u>DI</u>	ESCRIPTION OF	WORK (exact language	from Pvv-1)			
 III. <u>LC</u>	OCATION OF THE PROPOSED WORK?					
	 Is the proposed work in an IMD unit? □Yes □No 					
	NOTE: if 'yes,' review ends here. This request will trigger the narrative statement process and applicant must file a narrative statement pursuant to 29 RCNY § 2-01(d)(2).					
	 Is the proposed work necessary due to an emergency/safety condition? □Yes □No 					
	3. Is the proposed work in a BUYC unit or other commercial space? □Yes □No					
	4. If the proposed work is in a BUYC unit or other commercial space, does the nature of the business or					
	the proposed work affect the IMD tenants? □Yes □No					
	NOTE: if 'yes,' staff may schedule a conference.					
V. <u>T</u>	THE STATUS OF CODE COMPLIANCE?					
		he Building registered wi				
		Board Certificate Issued?				
		Permit obtained?				
		ng 7-B compliant?				
		illding have a Temporary		• • •	1.	
	□Yes □No <i>Issued</i> : <i>Expire</i> : 6. If 'no,' does the Building have a C of O for the IMD units? □Yes □No <i>Issued</i> :					
	7. If the Building does not have a C of O, what percentage of Legalization work is completed?% NOTE: percentage must match most recent Monthly Report.					
		ding Registration fees/fir		•	t owed: \$	
	or rany outstan	anig regionation room	Date of	of last check:	for FY:	
√. <u>RI</u>	EQUIRED ITEMS					
	Request letter: □Yes □No PW1: □Yes □No					
	Is Box 26 of PW1 regarding Occupied Housing marked correctly? □Yes □No					
	NOTE: if Box 26 is checked 'no' and Building is occupied, request will be denied.					
	4. Where a Building has Certification but not a Final C of O, has the Monthly Report been filed?					
	□Yes □No	Last Filing Date:			_	
	NOTE: if 'no,' r	equest will be denied.			Comm	ents (for internal use on
		Jse, Egress & Occupanc	•			
	•	ms submitted /Objection	ı list cleared: □Yes	□No		
	NOTE: IF 110, 1	equest will be deflied.				
VI. <u>N</u> I		N OF IMD UNITS?	/·	LBING C		
	 Number of I Location of I 	MD units in the Building	,	•		
		nber and location of REC	G/COV Unit(s):			
	b. Nun	nber and location of BUY	R/ABDR Unit(s):			
		nber and location of BUY				

By submitting this completed checklist, I hereby affirm, under penalty of law, that all of the above information is true and accurate and has been verified to the best of my abilities. By submitting this checklist, I acknowledge that Loft Board staff may still require additional documents to proceed with my request for a letter of no objection, and that my request will be processed in the order it is received.

Possible reasons a LONO request may be denied or postponed (including, but not limited to):

- 1. An incomplete or illegible checklist was submitted.
- 2. There are outstanding Registration fees and/or fines.
- 3. Loft Board has issued a Certification to perform legalization work, but owner has failed to obtain its Permit in order to begin work.
- 4. Failure to file a Monthly Report for a building that has obtained Certification but has not obtained a Final C of O.
- 5. The Alt 1 Permit has expired and has not been renewed.
- 6. Building has an expired Temporary C of O.
- 7. Except for Loft Board Certificate, required items not submitted/objection list is not cleared.
- 8. Owner marked box 26 of PW1, regarding Occupied Housing "No", when the Building is occupied.
- 9. The Building has a Final C of O for the IMD units but has not been removed from jurisdiction.