



LOFT BOARD AMENDED APPLICATION

Melanie E. La Rocca
Chairperson

Helaine Balsam
Executive Director

280 Broadway, 5th Floor
New York, New York 10007
nyc.gov/loftboard

(212) 393-2616 • Fax: (646) 500-6169

FOR OFFICE USE ONLY

DOCKET #: _____

DO NOT USE THIS FORM TO FILE:

1. Access Application
2. Alternate Plans (timely)
3. Extension Application
4. Reconsideration Application
5. Rent Guidelines Board Increase Request
6. Code Compliance Rent Adjustment

BUILDING INFORMATION

BUILDING #:	STREET NAME:	BOROUGH:	IMD #:

APPLICANT INFORMATION

NAME: _____	APPLICANT IS:
MAILING ADDRESS: _____ _____	<input type="checkbox"/> OWNER
UNIT: _____	<input type="checkbox"/> RESIDENTIAL TENANT
CITY, STATE: _____	<input type="checkbox"/> COMMERCIAL/MANUFACTURING TENANT
ZIP CODE: _____	<input type="checkbox"/> OTHER: (Specify) _____
DAYTIME PHONE: () _____	_____
BUSINESS PHONE: () _____	_____
FAX NUMBER: () _____	

NATURE OF APPLICATION (Check **ONLY** one):

	___ PROTECTED OCCUPANCY STATUS
___ ABANDONMENT (LB)	___ DIMINISHED SERVICES (TM)
___ APPEAL OF ADMINISTRATIVE DETERMINATION (AD)	___ LEGALIZATION TIMETABLE VIOLATION (TN)
COVERAGE ___ Tenant Initiated (TR) ___ Landlord Initiated (LR)	___ PERMISSION TO FILE LATE ALTERNATE PLAN (TP)
___ DECOVERAGE OF BUILDING (LN) ___ DECOVERAGE OF UNIT (LC)	RENT DISPUTE ___ Tenant Initiated (TA) ___ Landlord Initiated (LA)
___ FINAL RENT ORDER/REMOVAL FROM LOFT BOARD (LE)	SALES OF IMPROVEMENTS ___ Landlord Challenge (LF) ___ Tenant Challenge (TF) ___ Prime /Sub Lessee Challenge (TC)
___ HARASSMENT (TH)	___ UNREASONABLE INTERFERENCE WITH USE (LI)
___ HARASSMENT – Termination of Finding (LT)	___ OTHER (Specify) _____

AFFECTED PARTIES: Depending on the type of application, affected parties may include: owners; tenants of record, including residential, commercial and manufacturing tenants; and all occupants of building in question if different from tenants of record. List **all** affected parties. If one party has multiple addresses, please list each address separately. Indicate type of affected party (e.g., owner, residential tenant, etc). See, Title 29 of the Rules of the City of New York §1-06 for more information.

	<u>NAME</u>	<u>MAILING ADDRESS</u>	<u>TYPE OF AFFECTED PARTY</u>
1.	_____	_____	_____

2.	_____	_____	_____

3.	_____	_____	_____

4.	_____	_____	_____

5.	_____	_____	_____

6.	_____	_____	_____

If there are more than six affected parties, attach a separate sheet listing the affected parties' name, mailing address and type of affected party.

Use the space provided below to state all facts and arguments relevant to your application. Extra sheets of paper may be attached as necessary. All supporting documents should be attached to this form.

BASIS FOR APPLICATION:

I certify that all statements made herein are true and correct except for those statements which I have stated to be based on information and belief, and as to those matters, I believe them to be true and correct.

Print Name

Relationship to Applicant
(If same, write same)

Signature

Date

FIVE COPIES OF THIS APPLICATION AND ATTACHMENTS, PLUS A COPY AND ATTACHMENTS FOR EACH AFFECTED PARTY LISTED ABOVE MUST BE FILED WITH THIS APPLICATION. FALSE STATEMENTS MAY SUBJECT YOU TO THE PENALTIES PROVIDED BY LAW, INCLUDING FINES AND/OR IMPRISONMENT.