



ANSWER TO APPLICATION

Robert D. LiMandri
Chairperson

Lanny R. Alexander
Executive Director

280 Broadway, 3rd Floor
New York, New York 10007
nyc.gov/loftboard

(212) 566-5663 • Fax: (212)788-1853

DOCKET #: _____

1. RESPONDENT INFORMATION

Name _____

Mailing Address (including zip code) _____

Daytime Telephone Number _____

Email Address _____

Facsimile Number _____

IMD # _____

Address of IMD _____

2. Please check one: Respondent's interest in the above premise:

Owner

Net Lessee

Managing Agent

¹Other

Residential Tenant

Commercial Tenant

If the answering party is an owner, managing agent or a net lessee, please complete the following certification.

I certify that, as of the date of this answer, all records related to a sale of rights and/or a sale of improvements pursuant to § 286(6) and § 286(12) of the Multiple Dwelling Law for any Interim Multiple Dwelling unit in the subject building have been filed with the New York City Loft Board.

Print Your Name

Your Signature

Your Relationship to Respondent
(If same, write "same")

Date

¹ Please specify if other.

ANSWER

Title 29 of the Rules of the City of New York §1-06(c) requires that an answer to an application contain facts and arguments relevant to the issues raised in the application. The answer should be typed or written in the space provided below. Extra sheets of paper may be attached, if necessary. **ALL SUPPORTING DOCUMENTS MUST BE ATTACHED TO THIS ANSWER FORM, OR AN EXPLANATION MUST BE PROVIDED FOR NOT ATTACHING THE SUPPORTING DOCUMENTS.**

Please check here if you do not wish to file an answer but you want to receive mail about the case.

See attached.

CERTIFICATION

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

Print Your Name

Your Signature

Your Relationship to Respondent
(If same, write "same")

Date

FIVE COPIES OF THIS ANSWER AND ATTACHMENTS MUST BE FILED. PLEASE BE ADVISED THAT FAILURE TO SIGN THE CERTIFICATION REQUIRES REJECTION OF THE ANSWER

CERTIFICATION OF SERVICE

(Failure to complete this section requires rejection of the answer.)

On _____, I served a true copy of the ANSWER *(please check all that apply):*
(date of service)

By mailing to applicant(s) in a stamped, sealed envelope, in a post office or official depository of the U.S. Postal Service within the State of New York, addressed to the last known address of the applicant(s) as indicated below.

By facsimile transmission to applicant(s) at last known fax/address as indicated below.

Name of person served with the Answer

Address of person served with the Answer *(including floor or unit number)*

City, State and Zip Code

Facsimile Number

Print Your Name

Your Signature

Date: _____

IT IS NOT NECESSARY THAT THE FOREGOING BE SWORN TO BUT FALSE STATEMENTS MAY SUBJECT YOU TO THE PENALTIES PROVIDED BY LAW, INCLUDING FINES AND/OR IMPRISONMENT.
