



**LOFT BOARD COVERAGE APPLICATION**

**Robert D. LiMandri**  
 Chairperson  
**Lanny R. Alexander**  
 Executive Director

**280 Broadway, 3<sup>rd</sup> Floor**  
**New York, New York 10007**  
 nyc.gov/Loftboard

**(212) 566-5663 • Fax: (212)788-1853**

Please include the following when filing this coverage application:

- A check in the amount of \$25.00 per unit seeking coverage, payable to the NYC Loft Board.
- Five copies of this application and attachments one of which should be an original, proof of service made upon each affected party and one copy of the instruction sheet.

**BUILDING INFORMATION:**

House No. (include range)	Street Name	Borough	Tax Block	Tax Lot

**APPLICANT INFORMATION:**

NAME(S): _____ MAILING ADDRESS: _____ UNIT(S): _____ CITY, STATE: _____ ZIP CODE: _____ DAYTIME PHONE: (    ) _____ BUSINESS PHONE: (    ) _____ FAX NUMBER: (    ) _____ EMAIL ADDRESS: _____	<p><b>APPLICANT IS:</b></p> <input type="checkbox"/> RESIDENTIAL TENANT(S) <input type="checkbox"/> OTHER (EXPLAIN) _____ _____ _____
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