



**NEW YORK CITY LOFT BOARD**

100 Gold Street, 2<sup>nd</sup> Floor  
New York, New York 10038  
(212) 788-7610 • Fax: (212)788-7501  
www.nyc.gov/html/loft

**MARC RAUCH**  
Chairperson

FOR OFFICE USE ONLY  
**DOCKET#:** \_\_\_\_\_

**CODE COMPLIANCE**  
**DEADLINE EXTENSION APPLICATION**

***BUILDING INFORMATION:***

HOUSE NO.	STREET NAME	BOROUGH	IMD #

***OWNER INFORMATION:***

**OWNER'S NAME:** \_\_\_\_\_

**OWNER'S REPRESENTATIVE (if applicable):** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**CITY, STATE, ZIP CODE:** \_\_\_\_\_

**PHONE:** (     ) \_\_\_\_\_

**FAX NUMBER:** (     ) \_\_\_\_\_

***CODE COMPLIANCE DEADLINES FOR WHICH AN EXTENSION IS BEING SOUGHT:***

<b><u>Extension Requested</u></b> <i>Check All Applicable Boxes (required):</i>	<b><u>Requested End Date of Extension</u></b> <i>(required):</i>
<input type="checkbox"/> September 1, 1999 – Alteration Application	_____
<input type="checkbox"/> September 20, 1999 – Narrative Statement	_____
<input type="checkbox"/> March 1, 2000 – Permit	_____
<input type="checkbox"/> May 1, 2010 – 7-B Compliance	_____
<input type="checkbox"/> May 31, 2010 – Certificate of Occupancy	_____

**RESIDENTIAL IMD UNITS** (List all residentially occupied IMD units and tenants)

NAME OF RESIDENTIAL IMD TENANT	IMD UNIT NUMBER
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

*If there are more than five residentially occupied IMD units, attach a separate sheet.*

**The Loft Board will grant an extension only where an owner has demonstrated that the necessity for the extension arises from conditions or circumstances beyond the owner’s control, and that the owner has made good faith efforts to meet the code compliance timetable requirements (MDL §284(1)(v)). CORROBORATING EVIDENCE IS REQUIRED AND MUST BE ENCLOSED OR ATTACHED WITH THIS APPLICATION. FAILURE TO PROVIDE CORROBORATING EVIDENCE IS GROUNDS FOR DISMISSAL.**

**Please use the space below to state all facts and arguments relevant to this application. Attach additional sheets if necessary.**

**REASON FOR APPLICATION (required):**

**FILING FEE**

All applications: \$50 fee. Make check or money order payable to "City Collector/Loft Board." Cash is not accepted.

**NUMBER OF COPIES REQUIRED**

An owner is required to file two copies of the extension application at the Loft Board.

**PROOF OF SERVICE REQUIRED**

An owner is **required** to serve a copy of this application upon each residential occupant of the building before filing the application with the Loft Board. Failure to submit proof of service is grounds for dismissal.

**ANSWER PERIOD FOR RESIDENTIAL OCCUPANTS**

A residential occupant **may** file an answer to such application within **20 days** from completion of service by the owner. Service by mail shall be deemed completed five days following mailing by the owner. Service by any other means shall be deemed completed on the date the application is served. The residential occupant shall serve a copy of such answer upon the owner prior to filing the answer with the Loft Board. Proof of service is **required**.

I hereby swear 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

\_\_\_\_\_
Signature

\_\_\_\_\_
Date

Sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_\_

\_\_\_\_\_
Notary Public