



Loft Board

Rick Chandler, PE
Chairperson

Helaine Balsam
Executive Director

280 Broadway, 4th Floor
New York, New York 10007
nyc.gov/Loftboard

(212) 393-2616 • Fax: (646) 500-6169

LOFT BOARD COVERAGE APPLICATION

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: _____	APPLICANT IS: <input type="checkbox"/> RESIDENTIAL TENANT(S) <input type="checkbox"/> OTHER (EXPLAIN) _____ _____ _____
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AFFECTED PARTIES: List below all owners, tenants of record, (including residential, commercial and manufacturing tenants), and occupants of the subject building, and indicate the 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. (Please attach additional sheets as necessary.)

NAME	MAILING ADDRESS	TYPE OF AFFECTED PARTY
1. _____	_____ _____	_____
2. _____	_____ _____	_____
3. _____	_____ _____	_____
4. _____	_____ _____	_____
5. _____	_____ _____	_____
6. _____	_____ _____ _____	_____

Use the space provided below to state the basis for your coverage application. Please specify: (1) which units are seeking coverage including the unit designation, (2) the periods of residential occupancy for each unit seeking coverage, (3) the commercial activities taking place in the building, and (4) any other relevant information for determining coverage. Please attach additional sheets and/or supporting documentation, as necessary.

I hereby certify that all information contained herein or attached hereto, is true and correct unless I have indicated that a particular statement(s) is based on the best of my knowledge, and as to that particular statement(s), I believe it is true and correct. ***(Please note that certifying to any false or misleading statements may subject you to the maximum penalties provided by law, including fines and/or imprisonment.)***

Print Name

Relationship to Applicant

Signature

Date