



LOFT BOARD GENERAL APPLICATION

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Chairperson

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

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

TWELVE 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.