



**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

**LOFT BOARD GENERAL APPLICATION**

**DO NOT USE THIS FORM TO FILE:**

- |                             |   |
|-----------------------------|---|
| 1. Access Application       | 4. Reconsideration Application            |
| 2. Alternate Plans (timely) | 5. Rent Guidelines Board Increase Request |
| 3. Extension Application    | 6. Code Compliance Rent Adjustment        |

**FOR OFFICE USE ONLY**

**DOCKET#:** \_\_\_\_\_

**BUILDING INFORMATION**

BU ILDING NO.	STREET NAME	BOROUGH	IMD #:

**APPLICANT INFORMATION**

NAME: _____ MAILING ADDRESS: _____ _____ UNIT: _____ CITY: _____ STATE: _____ ZIP CODE: _____ BUSINESS PHONE: _____ DAYTIME PHONE: (    ) _____ FAX NUMBER: (    ) _____	<b>Applicant is:</b> <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 ( <b>LB</b> )	<input type="checkbox"/> DIMINISHED SERVICES ( <b>TM</b> )
<input type="checkbox"/> APPEAL OF ADMINISTRATIVE DETERMINATION ( <b>AD</b> )	<input type="checkbox"/> LEGALIZATION TIMETABLE VIOLATION ( <b>TN</b> )
COVERAGE <input type="checkbox"/> Tenant Initiated ( <b>TR</b> ) <input type="checkbox"/> Landlord Initiated ( <b>LR</b> )	<input type="checkbox"/> PERMISSION TO FILE <b>LATE</b> ALTERNATE PLAN ( <b>TP</b> )
<input type="checkbox"/> DECOVERAGE OF BUILDING ( <b>LN</b> ) <input type="checkbox"/> DECOVERAGE OF UNIT ( <b>LC</b> )	RENT DISPUTE <input type="checkbox"/> Tenant Initiated ( <b>TA</b> ) <input type="checkbox"/> Landlord Initiated ( <b>LA</b> )
<input type="checkbox"/> FINAL RENT ORDER/REMOVAL FROM LOFT BOARD ( <b>LE</b> )	SALES OF IMPROVEMENTS <input type="checkbox"/> Landlord Challenge ( <b>LF</b> ) <input type="checkbox"/> Tenant Challenge ( <b>TF</b> ) <input type="checkbox"/> Prime /Sub Lessee Challenge ( <b>TC</b> )
<input type="checkbox"/> HARASSMENT ( <b>TH</b> )	<input type="checkbox"/> UNREASONABLE INTERFERENCE WITH USE ( <b>LI</b> )
<input type="checkbox"/> HARASSMENT – Termination of Finding ( <b>LT</b> )	<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 parties, please attach a separate sheet listing the name, mailing address and type of affected party for each additional 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.