



## LOFT BOARD GENERAL APPLICATION

**Melanie E. La Rocca**  
Chairperson

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Executive Director

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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. Notice Rent Guidelines Board Increase Filing
6. Code Compliance Rent Adjustment

### BUILDING INFORMATION

BUILDING #:	STREET NAME:	BOROUGH:	IMD #:

### APPLICANT INFORMATION

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

If there is more than one applicant, attach a separate sheet listing the names of the applicants and their mailing addresses including the unit designation.

**NATURE OF APPLICATION (Check only one):**

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

	<b><u>NAME</u></b>	<b><u>MAILING ADDRESS</u></b>	<b><u>TYPE OF AFFECTED PARTY</u></b>
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

FIVE COPIES OF THIS APPLICATION AND ATTACHMENTS MUST BE FILED WITH THE LOFT BOARD. FALSE STATEMENTS MAY SUBJECT YOU TO THE PENALTIES PROVIDED BY LAW, INCLUDING FINES AND/OR IMPRISONMENT.

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**CERTIFICATION OF SERVICE**

On \_\_\_\_\_, I served a true copy of:  
(date of service)

1. The Loft Board Application;
2. The Instruction Sheet on how to file an answer and
3. A blank answer form,

By mailing to the affected parties listed in the application in a stamped, sealed envelope, in a post office or official depository of the U.S. Postal Service within the State of New York, addressed to the following affected parties as indicated below.

The certificates of mailing stamped by the U.S. Postal Service for each party listed below are attached.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address (including floor or unit number)

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address (including floor or unit number)

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address (including floor or unit number)

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address (including floor or unit number)

\_\_\_\_\_  
City, State and Zip Code

If additional space is needed, please attach additional sheets as necessary.

\_\_\_\_\_  
Print Your Name

\_\_\_\_\_  
Your Signature

Date: \_\_\_\_\_

\*\*\*\*\*  
**IT IS NOT NECESSARY THAT THE FOREGOING BE SWORN TO BUT FALSE STATEMENTS MAY SUBJECT YOU TO THE PENALTIES PROVIDED BY LAW, INCLUDING FINES AND/OR IMPRISONMENT.**  
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