

# **Access Application**

FOR OFFICE USE ONLY
DOCKET #:

Building Information				
		e Tax Block	Tax Lot	
Applicant Inforn	nation			
MAILING ADDRESS:			Applicant is the:  Owner  Owner's Representative  Net Lessee	
DAYTIME PHONE: (	)	_ UNIT	— Other (specify)	
FAX NUMBER: ( )				
Occupant(s) of	Units Owner Clain	ns Denied Access		
OCCUPANT'S NAME: _			UNIT:	
OCCUPANT'S NAME: _			UNIT:	

### **NOTICE TO OCCUPANTS**

The occupant must file five (5) copies of a written answer in response to the application with the Loft Board, within fifteen (15) calendar days after service of the application. If the occupant fails to answer, the Loft Board may issue an order granting access. If the Loft Board issues an order granting access and the occupant fails to comply with that order, the failure to comply may be **grounds for eviction** in a proceeding brought before a court of competent jurisdiction. See 29 RCNY  $\S2-01(g)(4)(i)$ 

nyc.gov/loftboard Rev. 8/19



Basis for Application	
Use the space provided below to state all relevant fac as necessary.	cts and arguments. Extra sheets of paper may be attached
I verify or affirm that all statements made are true stated to be based on information and belief, and correct.	and correct except for those statements which I have as to those statements, I believe them to be true and
Name (print)	Signature
Relationship to Applicant (if same, write 'Same')	Date

NOTE: False statements may subject you to the penalties provided by law, including fines and/or imprisonment.



## **Service of Access Application Certification to the Loft Board**

### **INSTRUCTIONS**

Fill out the certification completely. Fill in all blanks and check the box indicating the method of service. Failure to complete this form correctly will result in administrative dismissal of the application.

Complete this certification after service of the access application on occupants is completed. , certify under penalty of law, including fines or imprisonment or both, that I have served this access application on: (name of person(s) or firm served) (address where service was completed with Apt. No.) (check one option ONLY) personal delivery ☐ certified or registered mail, return receipt requested, with an additional copy sent by regular mail which is within (5) five days prior to this filing with the New York City Loft Board. Name of Signatory (print) Signature Date NOTE: False statements may subject you to the penalties provided by law, including fines and/or imprisonment.