

FOR OFFICE USE ONLY

DOCKET #: _____

Building Information

House No.(s) _____ Street Name _____

Borough _____ IMD No. _____

Applicant Information

| | |
|--|--|
| <p>NAME: _____</p> <p>MAILING ADDRESS: _____ _____</p> <p>UNIT: _____</p> <p>ZIP CODE: _____</p> <p>DAYTIME PHONE: () _____</p> <p>BUSINESS PHONE: () _____</p> <p>FAX NUMBER: () _____</p> <p>EMAIL: _____</p> | <p>APPLICANT IS:</p> <p><input type="checkbox"/> Owner</p> <p><input type="checkbox"/> Residential Tenant</p> <p><input type="checkbox"/> Commercial/Manufacturing Tenant</p> <p><input type="checkbox"/> Other (<i>specify</i>) _____ _____ _____</p> |
|--|--|

Administrative Determination Information

This application appeals an Administrative Determination or decision dated _____.
Please **attach a copy of the Administrative Determination or decision** to this application

Affected Parties

Affected parties include the owner and any occupants that are necessary to resolve the claims in the application. In an appeal application, affected parties include the owner or any residential tenants whose rights may be affected, including all affected parties previously named in the decision being appealed.

Indicate type of affected party in the third column (e.g., owner, residential tenant, etc.)

| | NAME | MAILING ADDRESS | TYPE OF AFFECTED PARTY |
|----|------|-----------------|------------------------|
| 1 | | | |
| | | | |
| 2 | | | |
| | | | |
| 3 | | | |
| | | | |
| 4 | | | |
| | | | |
| 5 | | | |
| | | | |
| 6 | | | |
| | | | |
| 7 | | | |
| | | | |
| 8 | | | |
| | | | |
| 9 | | | |
| | | | |
| 10 | | | |
| | | | |

If there are more than ten (10) affected parties, attach a separate sheet listing the same required information as above.

NOTE TO AFFECTED PARTIES: You may file an answer to this application within twenty (20) days from the date service is completed. Service by mail is deemed completed five days after the mailing by the applicant. Service by any other means is deemed completed on the date the application is served. A copy of the answer **must** be served on the applicant prior to submitting the answer to the Loft Board. Proof of Service on the applicant must be filed with the Loft Board at the same time the answer is submitted to the Loft Board.

Basis for Application *(attach a separate sheet if needed)*

I verify or affirm that all statements made are true and correct except for those statements which I have stated to be based on information and belief, and as to those statements, I believe them to be true and correct.

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.