

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>CITY, STATE: _____</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> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Nature of Applicant (*check one only*)

<input type="checkbox"/> Abandonment (LB)	<input type="checkbox"/> Protected Occupancy Status (PO)
<input type="checkbox"/> Coverage Contest - Tenant (CC)	SALES OF IMPROVEMENTS:
<input type="checkbox"/> Final Rent Order/Removal from Loft Board (LE)	<input type="checkbox"/> Landlord Challenge (LF) <input type="checkbox"/> Tenant Challenge (TF)
<input type="checkbox"/> Decoverage of Building (LN)	<input type="checkbox"/> Prime/Sub Lessee Challenge (TC)
<input type="checkbox"/> Decoverage of Unit (LC)	RENT DISPUTE:
<input type="checkbox"/> Harassment (TH)	<input type="checkbox"/> Tenant Initiated (TA) <input type="checkbox"/> Landlord Initiated (LA)
<input type="checkbox"/> Termination of Harassment Finding (LT)	<input type="checkbox"/> Unreasonable Interference With Use (LI)
<input type="checkbox"/> Diminished Services (TM)	<input type="checkbox"/> OTHER (<i>specify</i>):
<input type="checkbox"/> Legalization Timetable Violation (TN)	_____
<input type="checkbox"/> Permission to File <i>LATE</i> Alternate Plan (TP)	_____

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 the building if different from tenants of record. List **all** affected parties. If one party has multiple addresses, list each address separately. Also indicate the type of affected party (e.g. owner, residential tenant, etc.).

See, 29 RCNY §1-06 for more information.

	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 each affected party's name, mailing address and type.

Basis for Application

Use the space provided below to state all relevant facts and arguments. Extra sheets of paper may be attached as necessary.

I verify or affirm that all statements made in this application 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.

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.