

Sales Record Form MDL Section 286(12)

PART A

Building Information	
House No.(s) Street Name	
Borough	IMD No
Unit Sold (number and location)	Date of Sale
Seller Information	
NAME(S) OF SELLERS:	
NEW ADDRESS:	
NEW PHONE NO.: ()	
EMAIL:	
Daniel Information	
Buyer Information	
BUYER NAME (if not Owner, complete PART B)	
ADDRESS:	
PHONE NO.: ()	
EMAIL:	
Information Concerning Harassment	
miormation concerning narassment	
Has the Loft Board ever made a finding that any owner, lessee, ag sale harassed any occupant(s) of the unit? ☐ YES ☐ NO	•
If YES, list the number of the Loft Board Order containing the haras	sment finding
Has the Loft Board issued an order terminating the harassment find	ing?
If YES, list the number of the Loft Board Order terminating the haras	ssment finding
If Owner is Converting Unit to Non-Residential	Llee
il Owner is Converting Unit to Non-Residential	USE
Name(s) of new tenant (if known)	
New Telephone Number	
Email Address	

NOTE: Attach a copy of **new or proposed lease**, if any, for the unit being sold.

nyc.gov/loftboard Rev. 8/19



PART A (continued)

Buyer's Statements and	Signatures	
I swear or affirm that all of the info	ormation provided in t	he foregoing Sales Record Form is true.
Name (print)		Signature (circle one) Owner or Authorized Representative
		If owner is not a natural person, the signer must state his/her relationship to the owner. If signer is not the owner, state relationship to owner and/or premises and complete PART B.
Notary's Statement and S	Signature	
Sworn to before me this	day of	
NOTARY PUBLIC		
Seller's Statements and S	Signatures	
I certify that I have read the foregoi of my knowledge and belief they ac		and additional documents proving the sale and that to the best e which occurred.
Name of Occupant (print)		Signature of Occupant Who Sold Rights

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PART B: Owner's Authorization

Complete this section when a person or entity other than the owner purchases the rights to a unit.

hereby declare(s) that is authorized to purchase the rig	ereby declare(s) that		, the owner of the premises located a
I give this authorization with full knowledge of the obligations imposed upon me owner of the premises by Article 7-C of the MDL. I give this authorization with full knowledge of the obligations imposed upon me owner of the premises by Article 7-C of the MDL. I give this authorization with full knowledge of the obligations imposed upon me owner of the premises by Article 7-C of the MDL. I give this authorization with full knowledge of the obligations imposed upon me owner of the premises by Article 7-C of the MDL. I give this authorization with full knowledge of the obligations imposed upon me owner of the premises by Article 7-C of the MDL. I give this authorization with full knowledge of the obligations imposed upon me owner of the premises by Article 7-C of the MDL. I give this authorization with full knowledge of the obligations imposed upon me owner of the obligations imposed upon me owner of the premises by Article 7-C of the MDL. I give this authorization with full knowledge of the obligations imposed upon me owner of the obligations imposed upon me owner of the premises by Article 7-C of the MDL. I give this authorization with full knowledge of the obligations imposed upon me owner of the obligations imposed upon me owner of the premises. I give this authorization with full knowledge of the obligations imposed upon me owner owner of the obligations imposed upon me owner	ereby declare(s) that	(Name of Owner)	
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Other:	Other:		
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PART C: Declaration of Intent

Complete this section when t a unit is being converted to non-residential use.

not the owner, use the line below to state the	A)	the desired of the second	, the owner or authorized representative of the owner
New York hereby declare(s) owner or authorized representative has purchased the rights to unit	(Name of entity or individ	ual submitting form)	
The non-residential use of the unit will conform to the applicable provisions of the Zoning Resolution and Administrative Code, and any existing certificate of occupancy or other source of legal authorization for the use of the unit. The owner or authorized representative of the owner may not reconvert the unit to residential use without first complying with all applicable provisions of the Zoning Resolution and Administrative Code and Multiple Dwelling Law. There is / is not a Certificate of Occupancy for the premises. (if there is a Certificate of Occupancy, a copy must be attached) Owner/Authorized Representative Statements and Signatures I swear or affirm that the statements on this form are true. Name (print) Signature (person submitting form) If owner is not a natural person, use the line below to state relationship of the signer to the owner, use the line below to the the owner, use the line below to state the relationship of the signer to owner and/or the premises. Notary's Statement and Signature	of the premises located at		
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Owner/Authorized Representative Statements and Signatures I swear or affirm that the statements on this form are true. Name (print) Signature (person submitting form) If owner is not a natural person, use the line below to state relationship of the signer to the owner. If signer is not the owner, use the line below to state the relationship of the signer to owner and/or the premises. Notary's Statement and Signature	Code, and any existing certificate or authorized representative of t	e of occupancy or other s he owner may not recon	source of legal authorization for the use of the unit. The owner vert the unit to residential use without first complying with all
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PART D: Inspection Request Form

Building Informati	n
House No.(s)	Street Name
Borough	IMD No
Unit Sold (number and loca	n)
times, for the Loft Board (RCNY) §2-10(d)(i)(ii)or(d)	of a unit which is to be used for non-residential purposes, you may provide three dates ar conduct an inspection of the unit pursuant to Title 29 of the Rules of the City of New Yo. Specify dates and times during business hours and commencing at least one week after the m. Also, indicate who should be contacted to provide access or alternate arrangements,
Contact Informatic	
CONTACT NAME:	
PHONE NO.: ()	-
EMAIL:	
Proposed Dates a	l Times for Inspection
1	
2.	
3	

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