



## ANSWER TO APPLICATION

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Chairperson

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DOCKET #: \_\_\_\_\_

### 1. RESPONDENT INFORMATION

Name \_\_\_\_\_

Mailing Address (including zip code) \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Facsimile Number \_\_\_\_\_

IMD # \_\_\_\_\_

Address of IMD \_\_\_\_\_

### 2. Please check one: Respondent's interest in the above premise:

Owner ☐

Net Lessee ☐

Managing Agent ☐

<sup>1</sup>Other ☐

Residential Tenant ☐

Commercial Tenant ☐

**If the answering party is an owner, managing agent or a net lessee, please complete the following certification.**

I certify that, as of the date of this answer, all records related to a sale of rights and/or a sale of improvements pursuant to § 286(6) and § 286(12) of the Multiple Dwelling Law for any Interim Multiple Dwelling unit in the subject building have been filed with the New York City Loft Board.

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

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

\_\_\_\_\_  
Your Relationship to Respondent  
(If same, write "same")

\_\_\_\_\_  
Date

<sup>1</sup> Please specify if other.

**ANSWER**

Title 29 of the Rules of the City of New York §1-06(c) requires that an answer to an application contain facts and arguments relevant to the issues raised in the application. The answer should be typed or written in the space provided below. Extra sheets of paper may be attached, if necessary. **ALL SUPPORTING DOCUMENTS MUST BE ATTACHED TO THIS ANSWER FORM, OR AN EXPLANATION MUST BE PROVIDED FOR NOT ATTACHING THE SUPPORTING DOCUMENTS.**

☐ Please check here if you do not wish to file an answer but you want to receive mail about the case.

See attached.

**CERTIFICATION**

I certify that all statements made herein and in the attached rider, if applicable, are true and correct except for those statements that I have stated to be based on information and belief, and as to those matters, I believe them to be true and correct.

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

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

\_\_\_\_\_  
Your Relationship to Respondent  
(If same, write "same")

\_\_\_\_\_  
Date

\*\*\*\*\*  
**FIVE COPIES OF THIS ANSWER AND ATTACHMENTS MUST BE FILED. PLEASE BE ADVISED  
THAT FAILURE TO SIGN THE CERTIFICATION REQUIRES REJECTION OF THE ANSWER**

\*\*\*\*\*

**CERTIFICATION OF SERVICE**

*(Failure to complete this section requires rejection of the answer.)*

On \_\_\_\_\_, I served a true copy of the ANSWER *(please check all that apply):*  
*(date of service)*

☐ By mailing to applicant(s) 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 last known address of the applicant(s) as indicated below.

☐ By facsimile transmission to applicant(s) at last known fax/address as indicated below.

\_\_\_\_\_  
Name of person served with the Answer

\_\_\_\_\_  
Address of person served with the Answer *(including floor or unit number)*

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

\_\_\_\_\_  
Facsimile Number

\_\_\_\_\_  
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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