

Declaration of Intent

Building Information				
House No.(s)	Street Name			
Borough		IMD No		
Date of Sale		Unit Sold (number or loca	Unit Sold (number or location)	
Declarant Information				
NAME:			Declarant is: Owner Owner's Representative Net Lessee	
DAYTIME PHONE: () _ BUSINESS PHONE: ()			☐ Prime Lessee ☐ Other (specify)	
FAX NUMBER: ()				
Declaration				
(Name of entity or inc	dividual submitting form)		(Specify relationship to premises)	
of the premises indicated ab and that the unit is to be use			have been purchased	
Administrative Code, and wi	ith any existing Certificat onvert the unit to residen	te of Occupancy or other sential use, I will first comply v	NYC Zoning Resolution and NYC purce of legal authorization for the with all applicable provisions of the erning such reconversion.	
There (check one)	☐ is not a certification	ate of occupancy for the pre	mises.	
NOT	E: If there is a certificate	of occupancy, a copy must b	e attached.	

nyc.gov/loftboard Rev. 8/19



Owner's or Authorized Representative's Statements & Signatures

I swear or affirm that the statements of	on this form are true.		
Name (print)		_	
		_	
Signature of Person Submitting Form			
If owner is not a natural person, use the the owner, use the line below to state the			. If signer is not
		_	
Notary's Statements and Signatu	ıre		
Sworn to before me this	day of	, :	20
NOTARY PUBLIC			

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

nyc.gov/loftboard **Declaration of Intent: Inspection Form** page 2 of 2



Declaration of Intent: Inspection Form

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Borough	IMD No	Unit Sold	(number or location)
for the Loft Board to cond (RCNY) §2-10(d)(i)(ii)or(d)	n of a unit which is to be used for reduct an inspection of the unit pure (2). Specify dates and times duri ives this form. Also, indicate when	suant to Title 29 of the Rung business hours and co	ules of the City of New York mmencing at least one week
Contact Information			
Contact Name:			
Phone Number:			
Email:			
Proposed Dates and	Time for Inspection		
1			
2			
3			