



LOFT BOARD ACCESS APPLICATION

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FOR OFFICE USE ONLY

DOCKET #: _____

BUILDING INFORMATION

BUILDING #.	STREET NAME	BOROUGH	IMD #:

APPLICANT INFORMATION

NAME: _____
MAILING ADDRESS: _____
CITY, STATE: _____
ZIP CODE: _____
DAYTIME PHONE: () _____
BUSINESS PHONE: () _____
FAX NUMBER: _____

Filing Instructions

The application should fully detail all facts relevant to the basis for the application. The applicant should list when and how notice was attempted, when it was not provided and what work was to be performed according to the filed alteration application.

The owner must serve the occupants of those units where it is claimed access has not been provided with a copy of this application and must file five (5) copies at the Loft Board along with proof of service. Service shall be affected either by personal service or certified or registered mail, return receipt requested, with an additional copy sent by regular mail. See 29 RCNY §2-01(g)(4)(i).

Occupants of Units Where Lack of Access is Claimed

Name of Occupant	Unit Location

Instructions to Occupants

The occupant shall file with the Loft Board five (5) copies of a written answer in response to the application within ten (10) business days of service of the application, if the occupant fails to answer, the Loft Board may issue an order granting access. Failure of an occupant to comply with a Loft Board Order regarding access shall be grounds for eviction in a proceeding brought before a court of competent jurisdiction. See 29 RCNY §2-01(g)(4)(i).

APPLICATION:

I certify that all statements made herein 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.

Print Name of Signatory

Signature (Owner, Officer of Corporation, Lessee...
Indicate Title)

Date

CERTIFICATION TO THE LOFT BOARD OF SERVICE OF ACCESS APPLICATION

Complete this certification after service of the access application on occupants is completed.

I, _____,
Owner

certify under penalty of law, including fines or imprisonment or both, that I have served this access application on

_____ at
Name of person(s) or firm served

_____, by
Address where service was completed with Apt. No.

personal delivery or certified mail and regular mail on
(Circle one option)

Date of service

which is within (5) five days prior to this filing with the New York City Loft Board.

Print name of Signatory

Signature

Date

INSTRUCTIONS: Please fill out the certification completely. Please fill in all blanks and circle the method of service. Failure to complete this form correctly will result in administrative dismissal of the application.