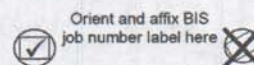




**PW7: Certificate of Occupancy /
Letter of Completion Folder
Review Request**

103532955



Must be typewritten

1 Location Information

House No(s) 132 Street Name West 60th Street Work Proposed on Floor No(s) Roof
Borough Manhattan Block 1131 Lot 50 BIN 1028828 CB No. 107

2 Requestor Information

Individuals Relationship to Job (example: applicant, owner filing representative) Filing Rep
Last Name Potestio/Con/Est/Duke First Name Anthony/Vel/San/Mike Middle Initial _____
Business Name J. Callahan Consulting Inc. Business Telephone (212) 766-2115
Business Address 299 Broadway, Suite 1420 Business Fax _____
City New York State NY Zip 10007 Mobile Telephone _____
E-Mail anthony@jcallahan.com License Number 001920

3 Type of Request Choose one.

- ☐ Letter of Completion (Directive 14 or Non-Directive 14)
☐ TCO - Temporary Certificate of Occupancy (Borough Commissioner's Office may be required. All requirements must be fulfilled before a TCO will be issued) 3A
☒ Renewal of TCO - Temporary Certificate of Occupancy (Borough Commissioner's Office approval may be required. All requirements must be fulfilled before a TCO will be issued) 3A
☐ Final Certificate of Occupancy 3A
 3A ☐ Change of address, block/lot, metes and bounds only (28-118.16.2)

4 Comments *If additional space is required, write "see A1-1" here and submit a completed A1-1 form with this request.*

Please issue a one year temp co as per 27-512 TCO inspection updated on 3/14/19 approved by commissioners office on 5/4/2020 for 1 year temp Elevator updated on 3/20/19.

5 Statements and Signatures

By signing below, I understand that all the information provided is true to the best of my knowledge and that falsification of any statement is a misdemeanor under § 26-124 of the NYC Administrative Building Code and punishable by a fine or imprisonment, or both. It is unlawful to give to a city employee, or for a city employee to accept, any benefit, monetary or otherwise, either as a gratuity for properly performing the job or in exchange for special consideration. Violation is punishable by imprisonment or fine, or both.

Requestor Signature

Date

5/4/2020

Borough Commissioner's Office TCO Authorization *Do not write in this section.*

Comments:

Authorized Name (please print)

☐ Approved☐ Disapproved

Authorization Signature (if approved only)

Date

Disapproval Reasons *Review request cannot be processed for the following reasons:*

- ☐ Fees unpaid ☐ Open ECB/DOB Violation(s) ☐ Incomplete PAA ☐ Audit Conditions Pending / Job on Hold
☐ Missing inspection Sign-off(s): ☐ Construction ☐ Plumbing ☐ Electrical ☐ Other: _____
☐ Missing Required item(s): _____ ☐ TR-1 Error(s): _____
☐ Form(s) missing/incomplete: Form(s) _____ Section(s)/Reason(s) _____
☐ Other: _____