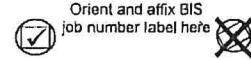




PW7: Certificate of Occupancy /  
Letter of Completion Folder  
Review Request  
*Must be typewritten*



|          |                             |                   |                              |             |            |
|----------|-----------------------------|-------------------|------------------------------|-------------|------------|
| <b>1</b> | <b>Location Information</b> |                   |                              |             |            |
|          | House No(s) 790             | Street Name 8 ave | Work Proposed on Floor No(s) |             |            |
|          | Borough Manhattan           | Block 1020        | Lot 1                        | BIN 1024771 | CB No. 105 |

|          |                                                                                   |                 |                                 |                  |  |
|----------|-----------------------------------------------------------------------------------|-----------------|---------------------------------|------------------|--|
| <b>2</b> | <b>Requestor Information</b>                                                      |                 |                                 |                  |  |
|          | Individuals Relationship to Job (example: applicant, owner filing representative) |                 |                                 |                  |  |
|          | Last Name Gumusyan                                                                | First Name Garo | Middle Initial                  |                  |  |
|          | Business Name GG Architects                                                       |                 | Business Telephone 212-765-6335 |                  |  |
|          | Business Address 545 8th ave                                                      |                 | Business Fax                    |                  |  |
|          | City New York                                                                     | State NY        | Zip 10007                       | Mobile Telephone |  |
|          | E-Mail GARO.AIA@GGANY.COM                                                         |                 | License Number                  |                  |  |

|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| <b>3</b> | <b>Type of Request</b> <i>Choose one.</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |  |
|          | <input type="checkbox"/> Letter of Completion (Directive 14 or Non-Directive 14)<br><input type="checkbox"/> TCO - Temporary Certificate of Occupancy (Borough Commissioner's Office may be required. All requirements must be fulfilled before a TCO will be issued) 3A<br><input checked="" type="checkbox"/> 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<br><input type="checkbox"/> Final Certificate of Occupancy 3A<br>3A <input type="checkbox"/> Change of address, block/lot, metes and bounds only (28-118.16.2) |  |  |  |  |

|          |                 |                                                                                                                   |  |  |  |
|----------|-----------------|-------------------------------------------------------------------------------------------------------------------|--|--|--|
| <b>4</b> | <b>Comments</b> | <i>If additional space is required, write "see A1-1" here and submit a completed A1-1 form with this request.</i> |  |  |  |
|          |                 |                                                                                                                   |  |  |  |

|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                 |  |  |  |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--|--|--|
| <b>5</b> | <b>Statements and Signatures</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 |  |  |  |
|          | <p>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.</p> |                 |  |  |  |
|          | Requestor Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Date 11/25/2020 |  |  |  |

|                                                        |                                      |  |                                   |                                      |  |
|--------------------------------------------------------|--------------------------------------|--|-----------------------------------|--------------------------------------|--|
| <b>Borough Commissioner's Office TCO Authorization</b> | <i>Do not write in this section.</i> |  |                                   |                                      |  |
| Comments:                                              |                                      |  |                                   |                                      |  |
| Authorized Name (please print)                         |                                      |  | <input type="checkbox"/> Approved | <input type="checkbox"/> Disapproved |  |
| Authorization Signature (if approved only)             |                                      |  | Date                              |                                      |  |

|                                                                                                                                                                                                            |                                                                      |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|--|--|--|--|
| <b>Disapproval Reasons</b>                                                                                                                                                                                 | <i>Review request cannot be processed for the following reasons:</i> |  |  |  |  |
| <input type="checkbox"/> Fees unpaid <input type="checkbox"/> Open ECB/DOB Violation(s) <input type="checkbox"/> Incomplete PAA <input type="checkbox"/> Audit Conditions Pending / Job on Hold            |                                                                      |  |  |  |  |
| <input type="checkbox"/> Missing inspection Sign-off(s): <input type="checkbox"/> Construction <input type="checkbox"/> Plumbing <input type="checkbox"/> Electrical <input type="checkbox"/> Other: _____ |                                                                      |  |  |  |  |
| <input type="checkbox"/> Missing Required item(s): _____ <input type="checkbox"/> TR-1 Error(s): _____                                                                                                     |                                                                      |  |  |  |  |
| <input type="checkbox"/> Form(s) missing/incomplete: Form(s) _____            Section(s)/Reason(s) _____                                                                                                   |                                                                      |  |  |  |  |
| <input type="checkbox"/> Other: _____                                                                                                                                                                      |                                                                      |  |  |  |  |