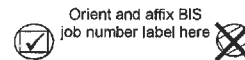




**PW7: Certificate of Occupancy /
Letter of Completion Folder
Review Request**

104297681



Must be typewritten

14827A

1	Location Information				
House No(s) 447		Street Name West 18th Street		Work Proposed on Floor No(s) CEL, ROF 001 thru 012	
Borough Manhattan		Block 716	Lot 7503	BIN 1087721	CB No. 104

2	Requestor Information				
Individuals Relationship to Job (example: applicant, owner filing representative)					
Last Name Rini / Wolosz-Ramphir		First Name Nicholas / Monika		Middle Initial	
Business Name CODE, LLC				Business Telephone 212-766-8100	
Business Address 40 Worth Street, Suite 800				Business Fax 212-766-1368	
City New York		State NY	Zip 10013	Mobile Telephone	
E-Mail nrini@codenyc.com				License Number 007472	

3	Type of Request <i>Choose one.</i>				
☐ 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 <i>If additional space is required, write "see A1-1" here and submit a completed A1-1 form with this request.</i>				
Request renewal of TCO					

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 10/21/20

Borough Commissioner's Office TCO Authorization <i>Do not write in this section.</i>	
Comments:	
Authorized Name (please print)	☐ Approved ☐ Disapproved
Authorization Signature (if approved only)	Date

Disapproval Reasons <i>Review request cannot be processed for the following reasons:</i>	
☐ 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: _____	