



PW-7: Certificate of Occupancy /
Letter of Completion Folder
Review Request

Must be typewritten.

DEPT. BLDGS.	110399051
Job Number	
SC080918019	Scan Code

1 Location Information

House No(s)	689	Street Name	9th Ave	Work Proposed on Floor No(s)	
Borough	M	Block	1057	Lot	32
		BIN	1026569	CB No.	104

2 Requestor Information

Individuals Relationship to Job (example: applicant, owner, filing representative)					
Last Name		Weisenthal		First Name	
		Jay		Middle Initial	
Business Name		Louis Striar Inc		Business Telephone	
				718 261 5673	
Business Address		118-21 Queens Blvd		Business Fax	
				718-520-9057	
City		Forest Hills		State	
		NY		Zip	
		11375		Mobile Telephone	
E-Mail		dob@newyorkcitypermits.com		License Number	

3 Type of Request Choose one.

- ☒ Letter of Completion (Directive 14 or Non-Directive 14)
- ☐ TCO - Temporary Certificate of Occupancy (Borough Commissioner's Office approval may be required. All requirements must be fulfilled before a TCO will be issued)
- ☐ 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)
- ☐ Final Certificate of Occupancy

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

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 is 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 [Signature] Date 4-20-09

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

Comments:

Authorized Name (please print) ☐ Approved ☐ Disapproved

Authorized 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 |
| ☐ Missing Required Item(s): | ☐ TR-1 Error(s): | ☐ Other: _____ | |
| ☐ Form(s) missing/incomplete: Form(s) _____ | Section(s)/Reason(s) _____ | | |
| ☐ Other: _____ | | | |