



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

Must be typewritten.

DEPT. BLDGS.	110413222	Job Number
SC080918034		Scan Code
Affix BIS job number label here.		

1 Location Information

House No(s)	112	Street Name	E 90 Street	Work Proposed on Floor No(s)	3
Borough	Manhattan	Block	1518	Lot	64
		BIN		CB No.	

2 Requestor Information

Individuals Relationship to Job (example: applicant, owner, filing representative)

Last Name	Burbano	First Name	Carlos	Middle Initial	E
Business Name	CCBS Consultants	Business Telephone	212-925-0060		
Business Address	50 White Street	Business Fax	212-925-2620		
City	New York	State	NY	Zip	10013
		Mobile Telephone			
E-Mail	CCBSConsultants@AOL.Com	License Number	B80873		

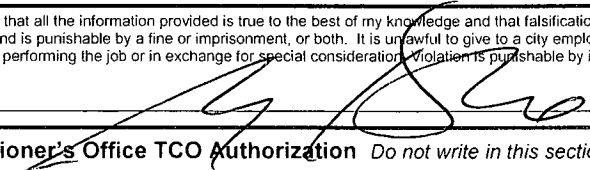
3 Type of Request Choose one.

- ☒ 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 AI-1" here and submit a completed AI-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  Date 6/25/09

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