



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

Must be typewritten.

DEPT. BLDGS 120876702 Job Number
SC131433259 Scan Code

11-2245er

1 Location Information

House No(s) 619 Street Name West 113th Street Work Proposed on Floor No(s) cellar thru 5th fls
Borough Manhattan Block 1895 Lot 45 BIN 1081596 CB No. 109

2 Requestor Information

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

Last Name Cuevas/Da First Name Mike/Viney Middle Initial

Business Name Conversano Associates, Inc. Business Telephone 212-791-0818

Business Address 150 Broadway Suite 1616 Business Fax 212-791-0895

City New York State NY Zip 10038 Mobile Telephone

E-Mail License Number C60717/X00404

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

Respectfully requesting to issue the final certificate of occupancy. Thank you

5 Statements and Signatures

By signing below, I understand that the information provided is true to the best of my knowledge and that falsification of any statement is a misdemeanor under § 241.124 of the NYC Administrative Building Code and is punishable by imprisonment for not more than one year, or a fine of not more than \$1,000, or both, or for a city employee, or for a city employee's relative, any benefit, monetary or otherwise, either as a gratuity for property, performance, or service, or exchange for service or position. Violation is punishable by imprisonment or fine, or both.

Requestor Signature

Date

5/23/14

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: