



Borough Intake Form

1. **Location & Requestor Information** required for all requests. Provide location information, requestor's name, email, and relation to job. Please note denied requests will be sent disapproval reason (s) to email address provided on Borough Drop-off Intake Sheet.

House No: 30 Street Name: East 21st Street Application#: 121458323 Date: 7.2.20
Borough: Manhattan Block: 849 Lot: 55 BIN: 1016220 Requestor Name: L Brito/A Ogando/G Solano
Relation to job (select one): ☐ Owner ☐ Applicant of Record ☐ Contractor ☒ Filing Representative
Email: geosiris@solbs.com Owner's Email: ☒ Initial ☐ Resubmission Date:

2. **Type of Request** Borough Drop-off Intake Sheet is required for each request submitted, ensure all forms are fully completed, signed, sealed and dated. Select one of the following options:

☐ PAA (Post Approval Amendments)
Submit PW1 (PAA) to make changes to an already approved (P+ status in BIS) application. Changes made after initial approval are subject to PAA fees and plan examination unless initial job was professionally certified.
☐ PW1 Withdrawal
Submit PW1 to withdraw all or part of a job.
☐ Initial Work Permit Application
Submit PW2 Initial Work Permit Application if this is the first time applying for this permit. Select No Work Permit, if this application will not include any physical work to be performed under this permit.
☐ PW6 Certificate of Occupancy Inspection Application (Initial)
Submit PW6 in order to initiate inspections required prior to issuance of a Certificate of Occupancy.
☒ PW7 Certificate of Occupancy /Temporary Certificate of Occupancy /Letter of Completion
Submit PW7 to obtain a final Certificate of Occupancy (CO), Temporary Certificate of Occupancy (TCO), Letter of Completion (LOC) or renew a Temporary Certificate of Occupancy. Note: Resubmissions require new BSCAN sticker

Internal Use Only, reason (s) for denial will be indicated below by borough staff and emailed to addresses indicated above.

Disapproval Reasons request cannot be processed for the following reason (s)	
☐ Job is not approved. ☐ Job is in 'R - PERMIT-ENTIRE' status. ☐ Job is for different borough submit to corresponding borough. ☐ Fees due, pay outstanding fees and resubmit. ☐ Job is on hold for 'No Good Check', resolve and resubmit. ☐ Withdrawal Job/Doc #/Work type is missing/not on file. ☐ Property/Job on 'Hold', see Borough Commissioner's Office. ☐ Owner's signature required for withdrawal. ☐ Architect/Engineer's signature and/or seal missing. ☐ Applicant's information is different from Dept. records. ☐ Permitted application must see Plan Exam for determination if withdrawal inspection is required. ☐ Inspection required resubmit with 'Final-Pass' inspection report (OP113). ☐ Work type signed off, cannot withdraw. ☐ PAA approved, cannot withdraw. ☐ All PAA fees must be paid prior to withdrawal.	☐ Resolve open required items and resubmit for permit. ☐ Not an initial work permit application must be processed through permit renewal. ☐ No permits have been issued for this job number. ☐ Job number incorrect/invalid. ☐ Floors invalid. ☐ Electrical Control Number (s) missing (required for NB fillings) ☐ Notarization by Superintendent of Construction missing. ☐ Open ECB/DOB violation (s) ☐ Incomplete PAA ☐ Missing inspection sign-off (s): ☐ Construction ☐ Plumbing ☐ Electrical ☐ Elevator ☐ Other: _____ ☐ Missing required items (s): _____ ☐ TR-1 error (s): _____ ☐ Missing/Incomplete/Invalid: ☐ Form (s) _____ ☐ Section (s) _____ ☐ Other: _____

Print Form



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

Must be typewritten

DEPT BLDGS Job No. 121458323



Scan Code ESHS2195717

1 Location Information					
House No(s) 30		Street Name East 21st Street		Work Proposed on Floor No(s) 003	
Borough Manhattan		Block 849	Lot 55	BIN 1016220	CB No. 105
2 Requestor Information					
Individuals Relationship to Job (example: applicant, owner filing representative)					
Last Name Brito/Ogando/Solano		First Name Lisa/Antonio/G		Middle Initial	
Business Name Sol Building Consulting Services, LLC				Business Telephone (212) 346-2210	
Business Address 299 Broadway, Suite 1500				Business Fax	
City New York		State NY	Zip 10007	Mobile Telephone	
E-Mail geosiris@solbs.com				License Number 002273	
3 Type of Request Choose one.					
☒ 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 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 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 7/2/20	
Borough Commissioner's Office TCO Authorization Do not write in this section.					
Comments:					
Authorized Name (please print)				☐ Approved ☐ Disapproved	
Authorization 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: _____					