



PW7: Certificate of Occupancy /
Letter of Completion Folder
Review Request
Must be typewritten



23618A

1 Location Information

House No(s) 62 Street Name East 34th Street Work Proposed on Floor No(s) 001
Borough Manhattan Block 863 Lot 48 BIN 1078716 CB No. 105

2 Requestor Information

Individuals Relationship to Job (example: applicant, owner filing representative)
Last Name Johnson First Name Andre Middle Initial S
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 ajohnson@codenyc.com License Number 005977

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*

Respectfully request a Letter of Completion. Thank you!

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 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 9/19/15

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 _____