



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

DEPT BLDGS Job No. 122110483



Scan Code ESHS1489425



1 Location Information

House No(s) 530 Street Name CANAL STREET Work Proposed on Floor No(s) CELLAR
Borough MANHATTAN Block 595 Lot 11 BIN 1010325 CB No. 101

2 Requestor Information

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

Last Name RUDIKOFF, P.E.

First Name NEAL

Middle Initial M.

Business Name NEW YORK ENGINEERING ASSOCIATES. P.C.

Business Telephone 631-753-0333

Business Address 270 SPAGNOLI ROAD, STE 204

Business Fax 631-753-0427

City MELVILLE

State NY

Zip 11747

Mobile Telephone

E-Mail INFO@NYEAPC.COM

License Number 050579

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 the falsification of any information 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 any employee or for any 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 7/19/17

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: _____