



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

Must be typewritten

DEPT BLDGS Job No. 122181548



Scan Code ESHS9969652

1 Location Information
House No(s) 240 Street Name SEAMAN AVENUE Work Proposed on Floor No(s) CELLAR
Borough MANHATTAN Block 2250 Lot 86 BIN 1065088 CB No. 12
2 Requestor Information
Individuals Relationship to Job (example: applicant, owner filing representative)
Last Name RUDIKOFF, P.E. First Name NEAL Middle Initial 1
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 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 to 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 4/18/2016
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: _____