



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

Must be typewritten



MetroPCS TEG (Decom) NY0202 > CCM 1224.005

1 Location Information

House No(s) 1917 Street Name 7th Avenue Work Proposed on Floor No(s) Roof
Borough Manhattan Block 1825 Lot 63 BIN 1055057 CB No. 110

2 Requestor Information

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

Last Name Tamang/Au/Chen/Branska First Name Samir/Vinh/Guan/Kamila Middle Initial

Business Name CCM Consulting Group, Inc. Business Telephone (212) 268-7378

Business Address 115 West 30th Street, Suite 1109 Business Fax (212) 268-7379

City New York State NY Zip 10001 Mobile Telephone

E-Mail info@ccmconsultinggroup.com License Number

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 11/23/15

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: _____