



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

Must be typewritten

DEPT BLDGS Job No. 122570020



Scan Code ESHS8879139

1 Location Information

House No(s) 160 Street Name West 86 Street Work Proposed on Floor No(s) OSP
Borough Manhattan Block 1216 Lot 7503 BIN 1085582 CB No. 107

2 Requestor Information

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

Last Name Eichorn First Name Lawrence Middle Initial

Business Name Scalar Architecture Business Telephone 917-716-8854

Business Address 195 Chrystie Street Business Fax

City New York State NY Zip 10002 Mobile Telephone

E-Mail leichorn@yahoo.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 § 265.124 of the NYC Administrative 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 other wise, either as a gratuity, or property, performing the job or in exchange for special consideration. Violation is punishable by imprisonment or fine, or both.

Requestor Signature Lawrence Eichorn

Date 12/03/15

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: _____