



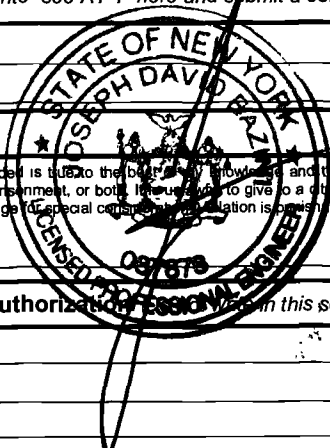
PW7: Certificate of Occupancy /  
Letter of Completion Folder  
Review Request

Must be typewritten

DEPT BLDGS Job No. 122868389



Scan Code ESHS7226654

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                          |           |                                   |            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------|-----------|-----------------------------------|------------|
| <b>1 Location Information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                          |           |                                   |            |
| House No(s) 306                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | Street Name EAST5 STREET |           | Work Proposed on Floor No(s) CEL  |            |
| Borough MANHATTAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Block 446                | Lot 11    | BIN 1006207                       | CB No. 103 |
| <b>2 Requestor Information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                          |           |                                   |            |
| Individuals Relationship to Job (example: applicant, owner filing representative)                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                          |           |                                   |            |
| Last Name BAZINI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | First Name JOSEPH        |           | Middle Initial                    |            |
| Business Name BAZINI ENGINEERING, P.C.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                          |           | Business Telephone (516) 502-4837 |            |
| Business Address 514 MEACHAM AVENUE SUITE 200                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                          |           | Business Fax                      |            |
| City ELMONT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | State NY                 | Zip 11003 | Mobile Telephone                  |            |
| E-Mail INFO@BAZINIENGINEERING.COM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                          |           | License Number 087678             |            |
| <b>3 Type of Request Choose one.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                          |           |                                   |            |
| <input checked="" type="checkbox"/> Letter of Completion (Directive 14 or Non-Directive 14)                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                          |           |                                   |            |
| <input type="checkbox"/> TCO - Temporary Certificate of Occupancy (Borough Commissioner's Office may be required. All requirements must be fulfilled before a TCO will be issued) 3A                                                                                                                                                                                                                                                                                                                                                                  |  |                          |           |                                   |            |
| <input type="checkbox"/> 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                                                                                                                                                                                                                                                                                                                                              |  |                          |           |                                   |            |
| <input type="checkbox"/> Final Certificate of Occupancy 3A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                          |           |                                   |            |
| 3A <input type="checkbox"/> Change of address, block/lot, metes and bounds only (28-118.16.2)                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                          |           |                                   |            |
| <b>4 Comments</b> If additional space is required, write "see A1-1" here and submit a completed A1-1 form with this request.                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                          |           |                                   |            |
| <div style="text-align: center;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                          |           |                                   |            |
| <b>5 Statements and Signatures</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                          |           |                                   |            |
| 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. Falsification is punishable by imprisonment or fine, or both. |  |                          |           |                                   |            |
| Requestor Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                          |           | Date 8/29/18                      |            |
| <b>Borough Commissioner's Office TCO Authorization</b> <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                          |           |                                   |            |
| Comments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                          |           |                                   |            |
| Authorized Name (please print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                          |           |                                   |            |
| Authorization Signature (if approved only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                          |           |                                   |            |
| <b>Disapproval Reasons</b> Review request cannot be processed for the following reasons:                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                          |           |                                   |            |
| <input type="checkbox"/> Fees unpaid <input type="checkbox"/> Open ECB/DOB Violation(s) <input type="checkbox"/> Incomplete PAA <input type="checkbox"/> Audit Conditions Pending / Job on Hold                                                                                                                                                                                                                                                                                                                                                       |  |                          |           |                                   |            |
| <input type="checkbox"/> Missing inspection Sign-off(s): <input type="checkbox"/> Construction <input type="checkbox"/> Plumbing <input type="checkbox"/> Electrical <input type="checkbox"/> Other: _____                                                                                                                                                                                                                                                                                                                                            |  |                          |           |                                   |            |
| <input type="checkbox"/> Missing Required item(s): _____ <input type="checkbox"/> TR-1 Error(s): _____                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                          |           |                                   |            |
| <input type="checkbox"/> Form(s) missing/incomplete: Form(s) _____ Section(s)/Reason(s) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                          |           |                                   |            |
| <input type="checkbox"/> Other: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                          |           |                                   |            |

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