



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



1 Location Information				
House No(s) 207	Street Name East 32nd Street		Work Proposed on Floor No(s) 001	
Borough Manhattan	Block 913	Lot 6	BIN 1020079	CB No. 106
2 Requestor Information				
Individuals Relationship to Job (example: applicant, owner filing representative)				
Last Name Medina		First Name Miguel		Middle Initial
Business Name Burnham New York, Inc.			Business Telephone 212-577-2541	
Business Address 86 Chambers Street, Ste. 203			Business Fax	
City New York		State NY	Zip 10007	Mobile Telephone
E-Mail mmedina@burnhamnewyork.com			License Number 001690	
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 11/28/16
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: _____				