



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

Must be typewritten



1 Location Information

House No(s) 256 Street Name W 27 ST Work Proposed on Floor No(s) 002
Borough MANHATTAN Block 776 Lot 68 BIN 1014242 CB No. 105

2 Requestor Information

Individuals Relationship to Job (example applicant owner filing representative)

Last Name SU First Name QIANG Middle Initial

Business Name SU ARCHITECT, P C

Business Telephone (718) 353-8009

Business Address 37-09 MAIN ST, 4 FL

Business Fax (718) 504-7762

City FLUSHING State NY Zip 11354

Mobile Telephone (212) 495-9606

E-Mail QS88@YAHOO COM

License Number 030112

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 6/22/17

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 _____