



NYC DEPT OF BUILDINGS
PW7: Certificate of Occupancy
Letter of Completion Folder
Review Request
MAY 14 11:53
Must be typewritten

DEPT BLDGS Job No. 123110463
Scan Code ESHS4541530

1 Location Information	
House No(s) 48	Street Name EAST 57 STREET
Borough MANHATTAN	Block 1292 Lot 42 BIN 1035782 CB No. 105
Work Proposed on Floor No(s) 001 TO 005,CEL,ROF	
2 Requestor Information	
Individuals Relationship to Job (example: applicant, owner filing representative)	
Last Name TUCCI	First Name NICHOLAS Middle Initial P
Business Name TSF ENGINEERING, P.C.	Business Telephone (212) 253-7303
Business Address 200 PARK AVENUE SOUTH, SUITE 916	Business Fax
City NEW YORK State NY Zip 10003	Mobile Telephone
E-Mail NTUCCI@TSFENGINEERS.COM	License Number 071681
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.	
RESPECTFULLY REQUESTING TO SUBMIT LETTER OF COMPLETION FOR APPLICATION # 123110463.	
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 imprisonment for not more than 1 year, or a fine of up to \$500, or both, or for a city employee, or for a city employee to accept, any benefit, monetary or otherwise, either as a gratuity for property performing the job or in exchange for some other consideration. Violation is punishable by imprisonment or fine, or both.	
Requestor Signature	Date 06/28/18
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: _____	