



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

*Must be typewritten*

DEPT BLDGS Job No. 123114842



Scan Code ESHS1052975

|                   |                             |                           |        |                                  |            |
|-------------------|-----------------------------|---------------------------|--------|----------------------------------|------------|
| <b>1</b>          | <b>Location Information</b> |                           |        |                                  |            |
| House No(s) 31    |                             | Street Name WEST 31ST ST. |        | Work Proposed on Floor No(s) 008 |            |
| Borough Manhattan |                             | Block 833                 | Lot 22 | BIN 1015808                      | CB No. 105 |

|                                                                                                     |                              |                       |           |                                 |  |
|-----------------------------------------------------------------------------------------------------|------------------------------|-----------------------|-----------|---------------------------------|--|
| <b>2</b>                                                                                            | <b>Requestor Information</b> |                       |           |                                 |  |
| Individuals Relationship to Job (example: applicant, owner filing representative) <b>Filing Rep</b> |                              |                       |           |                                 |  |
| Last Name CERDA/Westbrook                                                                           |                              | First Name MANUEL/Tim |           | Middle Initial                  |  |
| Business Name J. Callahan Consulting Inc.                                                           |                              |                       |           | Business Telephone 212.766.2115 |  |
| Business Address 299 Broadway, Suite 1420                                                           |                              |                       |           | Business Fax 212.766.2787       |  |
| City New York                                                                                       |                              | State NY              | Zip 10007 | Mobile Telephone                |  |
| E-Mail tim@jcallahan.com                                                                            |                              |                       |           | License Number                  |  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                    |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--|--|--|--|
| <b>3</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Type of Request Choose one.</b> |  |  |  |  |
| <input checked="" type="checkbox"/> Letter of Completion (Directive 14 or Non-Directive 14)<br><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<br><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<br><input type="checkbox"/> Final Certificate of Occupancy 3A<br>3A <input type="checkbox"/> Change of address, block/lot, metes and bounds only (28-118.16.2) |                                    |  |  |  |  |

|          |                                                                                                                                   |  |  |  |  |
|----------|-----------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| <b>4</b> | <b>Comments</b> <i>If additional space is required, write "see A1-1" here and submit a completed A1-1 form with this request.</i> |  |  |  |  |
|          |                                                                                                                                   |  |  |  |  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                  |  |  |  |              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|--|--|--|--------------|
| <b>5</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>Statements and Signatures</b> |  |  |  |              |
| <small>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.</small> |                                  |  |  |  |              |
| Requestor Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                  |  |  |  | Date 7/31/18 |

|                                                                                             |                                                                        |
|---------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| <b>Borough Commissioner's Office TCO Authorization</b> <i>Do not write in this section.</i> |                                                                        |
| Comments:                                                                                   |                                                                        |
|                                                                                             |                                                                        |
| Authorized Name (please print)                                                              | <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved |
| Authorization Signature (if approved only)                                                  | Date                                                                   |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Disapproval Reasons</b> <i>Review request cannot be processed for the following reasons:</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| <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<br><input type="checkbox"/> Missing inspection Sign-off(s): <input type="checkbox"/> Construction <input type="checkbox"/> Plumbing <input type="checkbox"/> Electrical <input type="checkbox"/> Other: _____<br><input type="checkbox"/> Missing Required item(s): _____ <input type="checkbox"/> TR-1 Error(s): _____<br><input type="checkbox"/> Form(s) missing/incomplete: Form(s) _____ <input type="checkbox"/> Section(s)/Reason(s) _____<br><input type="checkbox"/> Other: _____ |  |