



PW7:

Certificate of Occupancy/Letter of Completion
Folder Review Request

(Must be typewritten)

123319239

1 LOCATION INFORMATION

House No(s) 245 Street Name WEST 99th ST Work Proposed on Floor No(s) 003
Borough MANHATTAN Block 1871 Lot 7501 BIN 1087548 CB No. 107

2 REQUESTOR INFORMATION

Individuals Relationship to Job (Example: Applicant, Owner Filing Representative)

Last Name MATHER

First Name SAMUEL

Middle Initial

Business Name SAM MATHER ARCHITECT

Business Telephone (212) 686-4891

Business Address 118-17 29th AVENUE

Business Fax

City FLUSHING

State NY

Zip 11354

Mobile Telephone

E-Mail SAM@SMARCH.US

License Number A10119

3 TYPE OF REQUEST (Choose one)

- ☒ Letter of Completion (Directive 14 or Non-Directive 14)
- ☐ TCO - Temporary Certificate of Occupancy. Must complete the TCO Worksheet on pages 2 and 3 of the PW7. All applicable requirements checked on TCO Worksheet must be fulfilled before a TCO will be issued. (Borough Commissioner's Office approval is required).
- ☐ TCO - Temporary Certificate of Occupancy with Change. Must complete the TCO Worksheet on pages 2 and 3 of the PW7. All applicable requirements checked on TCO Worksheet must be fulfilled before a TCO will be issued. (Borough Commissioner's Office approval is required).
- ☐ Renewal of TCO - Temporary Certificate of Occupancy. All applicable requirements must be fulfilled before a TCO is issued. (Borough Commissioner's Office approval may be required) 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 2/26/2021

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: _____