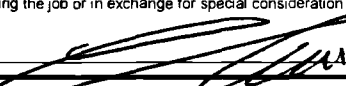




PW7: Certificate of Occupancy /
Letter of Completion Folder
Review Request
Must be typewritten

DEPT BLDGS Job No. 123368042

Scan Code ESHS9279886


1 Location Information			
House No(s) 16	Street Name WEST 32 STREET	Work Proposed on Floor No(s) 002	
Borough MANAHTTAN	Block 833	Lot 54	BIN 1015827 CB No. 105
2 Requestor Information			
Individuals Relationship to Job (example: applicant, owner filing representative)			
Last Name CHOI		First Name HYUNG	Middle Initial
Business Name ION DESIGN INC.		Business Telephone (718) 877-8206	
Business Address 208-05 15 RD.		Business Fax	
City BAYSIDE	State NY	Zip 11360	Mobile Telephone
E-Mail IONDESIGN10@GMAIL.COM		License Number 3617	
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 <i>If additional space is required, write "see A1-1" here and submit a completed A1-1 form with this request.</i>			
I RESPECTFULLY REQUEST TO SIGN-OFF THE APPLICATION# 123368042			
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 7-24-2018	
Borough Commissioner's Office TCO Authorization <i>Do not write in this section.</i>			
Comments:			
Authorized Name (please print)		☐ Approved ☐ Disapproved	
Authorization Signature (if approved only)		Date	
Disapproval Reasons <i>Review request cannot be processed for the following reasons:</i>			
☐ 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 _____			