



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

Must be typewritten

DEPT BLDGS Job No. 123525578



Scan Code ESHS3334390

**1 Location Information**

House No(s) 10 Street Name W 18 STREET Work Proposed on Floor No(s) 01  
Borough MANHATTAN Block 819 Lot 52 BIN 1015424 CB No. 105

**2 Requestor Information**

Individuals Relationship to Job (example: applicant, owner filing representative)

Last Name CEYLAN

First Name SERDAR

Middle Initial

Business Name CEYLAN DESIGN & CONSULTING CORP.

Business Telephone 646 441-8224

Business Address 267 5 AVENUE 10TH FLOOR SUITE 1008

Business Fax

City MANHATTAN

State NY

Zip 10016

Mobile Telephone 646 441-8224

E-Mail serdarceylan@hotmail.com

License Number 002211

**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 A LETTER OF COMPLETION

**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 2/11/20

**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: \_\_\_\_\_

RECEIVED  
APPROVED BY BOROUGH COMMISSIONER  
10/10/2019