



Job Number



ES857012360

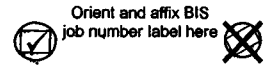
Scan Code

FV77: Certificate of Occupancy /

Letter of Completion Folder

Review Request

Must be typewritten

Orient and affix BIS
job number label here**1 Location Information**

House No(s) 21

Street Name East 87 Street

Work Proposed on Floor No(s) 12

Borough Manhattan

Block 1499

Lot 14

BIN 1046915

CB No. 108

2 Requestor Information

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

Last Name Albert

First Name Danielle

Middle Initial

Business Name Danielle Albert Architect

Business Telephone (347) 915-5962

Business Address 20 Bayard Street, 8E

Business Fax

City Brooklyn

State NY

Zip 11211

Mobile Telephone

E-Mail danielle@daniellealbertarchitect.com

License Number 035836

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 request Letter of Completion. 2nd page of PW-3 TR-1 for Final Inspection & Fire Resistive-Rated Construction was submitted with original submission (copy attached)

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 9.10.20

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: _____