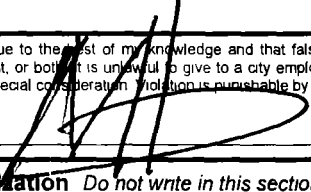




PW7: Certificate of Occupancy /
Letter of Completion Folder
Review Request
Must be typewritten



1 Location Information				
House No(s) 388	Street Name 3 AVENUE	Work Proposed on Floor No(s) ROOF		
Borough MANHATTAN	Block 883	Lot 50	BIN 108183	CB No. 106
2 Requestor Information				
Individuals Relationship to Job (example: applicant, owner filing representative)				
Last Name HERNANDEZ		First Name MIGUEL		Middle Initial
Business Name RIKE TECH ASSOCIATES LLC			Business Telephone 347-204-0974	
Business Address 39 HAZELWOOD DR			Business Fax 646-217-4037	
City JERICHO		State NY	Zip 11753	Mobile Telephone
E-Mail NYC5BC2224@YAHOO.COM			License Number	
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.				
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, if 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 07/01/2019
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: _____				