



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

DEPT BLDGS Job No. 140527605  
Scan Code ESHS4382990

**1 Location Information**

House No(s) 510 Street Name AMSTERDAM AVE Work Proposed on Floor No(s) 002  
Borough MANHATTAN Block 1232 Lot 34 BIN 1033112 CB No. 107

**2 Requestor Information**

Individuals Relationship to Job (example: applicant, owner filing representative)  
Last Name Jeon First Name Bung Kyu Middle Initial  
Business Name Jeon Consulting Business Telephone (718) 805-1200  
Business Address 80-15 LEFFERTS BLVD #2F Business Fax  
City KEW GARDENS State NY Zip 11415 Mobile Telephone 917-559-2100  
E-Mail hanlarch2001@gmail.com License Number A12936

**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. 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 10/22/19

**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 \_\_\_\_\_

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OCT 23 2019