



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

Must be typewritten

DEPT BLDGS Job No. 140599975



Scan Code ESHS5918956

1	Location Information			
House No(s) 48		Street Name WEST 73RD STREET	Work Proposed on Floor No(s) OSP	
Borough MANHATTAN		Block 1125	Lot 62	BIN 1028646 CB No. 107

2	Requestor Information			
Individuals Relationship to Job (example: applicant, owner filing representative)				
Last Name Bailey		First Name Paul	Middle Initial	
Business Name Bailey's Engineering, P.C		Business Telephone 212-226-6816		
Business Address 71 Leonard Street		Business Fax 212-202-9602		
City New York		State NY	Zip 10013	Mobile Telephone
E-Mail		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. 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 Paul Bailey		Date		

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: _____				