



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

DEPT BLDGS Job No. 140684276
Scan Code ESHS1501974

1	Location Information				
		House No(s) 797	Street Name 3 Avenue	Work Proposed on Floor No(s) OSP	
		Borough Manhattan	Block 1323	Lot 1	BIN 1038223 CB No. 106

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 St	Business Fax 212-202-9602		
		City New York	State NY	Zip 10013	Mobile Telephone
		E-Mail info@aedesignsolutioninc.com	License Number 082770		

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 1/10/17		

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: _____			