



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

DEPT BLDGS Job No. 140697949
Scan Code ESHS1516734

1 Location Information				
House No(s) 19		Street Name Sutton Place		Work Proposed on Floor No(s) 1-4,bas,cel,mez,rof
Borough Manhattan		Block 1372	Lot 35	BIN 1040731 CB No. 106

2 Requestor Information			
Individuals Relationship to Job (example: applicant, owner filing representative)			
Last Name Bucovy, Ghansiam		First Name Stacey, Geetanjali	Middle Initial
Business Name David Bucovy Architect, PLLC		Business Telephone (718) 369-0212	
Business Address 334 East 7th Street		Business Fax	
City Brooklyn		State NY	Zip 11218
E-Mail stacey@davidbucovyarchitect.com		Mobile Telephone	
		License Number 4449, 2888	

3 Type of Request <i>Choose one.</i>	
☒ 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 <i>If additional space is required, write "see A1-1" here and submit a completed A1-1 form with this request.</i>

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

Borough Commissioner's Office TCO Authorization <i>Do not write in this section.</i>	
Comments:	
Authorized Name (please print)	☐ Approved ☐ Disapproved
Authorization Signature (if approved only)	Date

Disapproval Reasons <i>Review request cannot be processed for the following reasons:</i>	
☐ 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. _____	