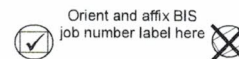




PW7: Certificate of Occupancy /
Letter of Completion Folder
Review Request

Must be typewritten



140885031

1 Location Information

House No(s) 176 Street Name EAST 108 STREET Work Proposed on Floor No(s) BAS,001 THRU 004
Borough MANHATTAN Block 1635 Lot 42 BIN 1052088 CB No. 111

2 Requestor Information

Individuals Relationship to Job (example: applicant, owner filing representative)

Last Name MUCZ/NA/MUCZ/DRO/ROM First Name AGN/SEUNG/VER/EWE/ Middle Initial

Business Name BIG ORANGE EXPEDITING, INC

Business Telephone (718) 389-1095

Business Address 231 NORMAN AVE, SUITE 210

Business Fax (718) 389-2294

City BROOKLYN

State NY

Zip 11222

Mobile Telephone

E-Mail BIGORANGECS@GMAIL.COM

License Number 2330/2578/6644/6974

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

E. D. D. D.

Date 08.25.2020

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: _____