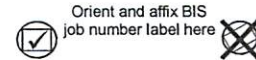




**PW7: Certificate of Occupancy /  
Letter of Completion Folder  
Review Request**

*Must be typewritten*



**1 Location Information**

House No(s) 119 Street Name West 104th Street Work Proposed on Floor No(s) Facade  
Borough Manhattan Block 1859 Lot 23 BIN 1055915 CB No. 107

**2 Requestor Information**

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

Last Name Moore

First Name James

Middle Initial I

Business Name Moore Associates, LLC

Business Telephone (646) 455-0191

Business Address 42 West 65th Street

Business Fax

City New York

State NY

Zip 10023

Mobile Telephone (203) 733-5086

E-Mail jmoore@mooreassociatesllc.com

License Number 061356

**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 08-03-2021

**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: \_\_\_\_\_