



PW-7: Certificate of Occupancy
Letter of Completion Folder
Review Request

Must be typewritten.

DEPT. BLDGS	201133086	Job Number
SC203211997		Scan Code

4-7-2011 - A

1	Location Information				
House No(s) 2295		Street Name Andrews ave.		Work Proposed on Floor No(s)	
Borough Bronx		Block 3225	Lot 22	BIN 2014919 CB No. 207	

2	Requestor Information		
Individuals Relationship to Job (example: applicant, owner, filing representative)			
Last Name Ukonu/Mughal		First Name Robert/ Monica	Middle Initial
Business Name Ocv Architects		Business Telephone 212 675-6470	
Business Address 203 Lafayette Street, NY, NY		Business Fax 212 675-6728	
City NY		State NY	Zip 10012
E-Mail MUGHALM@OCVARCH.COM		Mobile Telephone	
		License Number X01412/X03095	

3	Type of Request Choose one.
☒ Letter of Completion (Directive 14 or Non-Directive 14)	
☐ TCO - Temporary Certificate of Occupancy (Borough Commissioner's Office approval may be required. All requirements must be fulfilled before a TCO will be issued)	
☐ 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)	
☐ Final Certificate of Occupancy	

4	Comments If additional space is required, write "see AI-1 "here and submit a completed AI-I form with this request.
REQUEST FOR SIGN OFF. ALL WORK HAS BEEN COMPLETED.	

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 is 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 Monica Mughal	
Date 10/7/11	

Borough Commissioner's Office TCO Authorization Do not write in this section.	
Comments:	
Authorized Name (please print)	
☐ Approved ☐ Disapproved	
Authorized 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-11 Error(s): _____	
☐ Form(s) missing/in complete: Form(s) _____ Section (s)/Reason (s) _____	
☐ Other: _____	

① As per Plan Desk Folder is in
Queue by the Auditor