



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

Must be typewritten.



1 Location Information

House No(s) 2290

Street Name Crotona Avenue

Work Proposed on Floor No(s)

Borough Bronx

Block 3102

Lot 1

BIN 2803619

CB No. 206

2 Requestor Information

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

Last Name Birks

First Name Darren

Middle Initial J

Business Name KM Associates of New York, Inc.

Business Telephone 212-563-6760

Business Address 875 Sixth Avenue, Suite 1105

Business Fax 212-563-6753

City New York

State NY

Zip 10001

Mobile Telephone 347-933-1118

E-Mail DBirks@KMAofNY.com

License Number B82972

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-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 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

Date

09/17/08

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-1 Error(s): _____
☐ Form(s) missing/incomplete: Form(s) _____ Section(s)/Reason(s) _____
☐ Other: _____

ST

SALVATORE CROCE
C-THREE ARCHITECTURE & DESIGN, PC
214-41 42ND AVENUE
BAYSIDE NY 11361

08/29/08

New York City Dept. of Buildings
Borough of Bronx

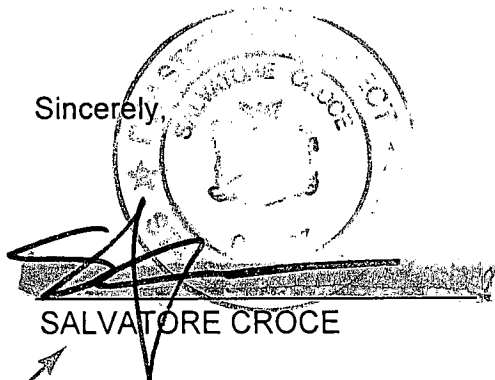
To Whom it may concern:

We are kindly requesting to obtain a letter of completion for the following job application:

JOB APPLICATION:	210006198
ADDRESS:	2290 Crotona Avenue
BLOCK:	3102
LOT:	1

Thank you for your attention in this matter.

Sincerely,


SALVATORE CROCE

SIGN
&
SEAL