



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

DEPT BLDGS Job No. 220075674

Scan Code ESHS7153934

1	Location Information
House No(s) 2426 Street Name Mickle Avenue Work Proposed on Floor No(s)	
Borough Bronx Block 4483 Lot 19 BIN 2053195 CB No.	
2	Requestor Information
Individuals Relationship to Job (example: applicant, owner filing representative)	
Last Name HERNAND/WASHING/PERE First Name MERCED/KERSAN/AIDA Middle Initial	
Business Name S & M EXPEDITING Business Telephone (718) 833-2333	
Business Address 9054 FORT HAMILTON PARKWAY Business Fax (718) 833-2331	
City BROOKLYN State NY Zip 11209 Mobile Telephone	
E-Mail INFO@SANDMEXPEDITING.COM License Number 003312	
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 11.22.17	
Borough Commissioner's Office TCO Authorization Do not write in this section.	
Comments:	
NYC DEPT OF BUILDINGS	
NOV 22 2017	
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: _____	