



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

Must be typewritten

DEPT BLDGS Job No. 220149122



Scan Code ESHS8766112

1 Location Information					
House No(s) 545	Street Name East 144 Street	Work Proposed on Floor No(s) Roof			
Borough Bronx	Block 2271 Lot 5	BIN 2090995	CB No. 201		
2 Requestor Information					
Individuals Relationship to Job (example: applicant, owner, filing representative)					
Last Name Liriano		First Name Alexandra		Middle Initial	
Business Name William Vitacco Associates		Business Telephone 212-791-4578			
Business Address 299 Broadway, 5th Fl		Business Fax 212-385-0109			
City New York		State NY	Zip 10007	Mobile Telephone	
E-Mail Nfernandez@vitacco.com				License Number	
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 5/10/16		
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: _____					