



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



1 Location Information

House No(s) 751 Street Name JACKSON AVENUE Work Proposed on Floor No(s) ROF
Borough BRONX Block 2636 Lot 38 BIN 2004533 CB No. 201

2 Requestor Information

Individuals Relationship to Job (example: applicant, owner, filing representative) **FILING REPRESENTATIVE**
Last Name SIMMONS First Name KANDACE Middle Initial V
Business Name SIMMONS & ASSOCIATES INC. Business Telephone 646-450-2348
Business Address 127 SIXTH AVENUE Business Fax 917-591-8510
City BROOKLYN State NY Zip 11217 Mobile Telephone 646-450-2348
E-Mail KVS@SIMMONSANDASSOCS.COM License Number S60132

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.

UB 317-83 HAS BEEN RESOLVED.

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 of 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 *Kandace V. Simmons*

Date 5/13/2014

Borough Commissioner's Office TCO Authorization Do not write in this section.

Comments:

RECEIVED
DEPARTMENT OF BUILDINGS

MAY 13 2014

CITY OF NEW YORK
BOROUGH OF BRONX

Authorized Name (please print)

Authorized Signature (if approved only)

☒ Approved

☐ Disapproved

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: _____