



**PW6: Certificate of Occupancy
Inspection Application**
Must be typewritten.

Affix BIS job number label here.

1 Location Information *Required for all applications.*

House No(s) 5264 Street Name Independence Avenue Work Proposed on Floor No(s) C, 001-003, OSP
Borough Bronx Block 5942 Lot 285 BIN 2086204 CB No. 208

2 Filing Representative

Last Name Roe/Cronin First Name Christine/Sean Middle Initial
Business Name Jenny Flores Expediting Business Telephone (718) 641-6299
Business Address 84-14 Pitkin Avenue Business Fax (718) 641-4626
City Ozone Park State NY Zip 11417 Mobile Telephone
E-Mail cbowles@jennyflores.com Registration Number 002403

3 Related Jobs *Required for all applications.*

Electrical: I hereby state that electrical work has been performed in conjunction with this job/application.

☒ Yes ☐ No *If yes, please provide electrical control number(s) below:*

Y166993				

Plumbing/Boiler: I hereby state that plumbing work, including house connection, septic and/or boiler work has been performed (under separate job number(s)) in conjunction with this job/application.

☐ Yes ☒ No *If yes, provide BIS job number(s) below:*

Elevator: I hereby state that elevator work has been performed (under separate job number(s)) in conjunction with this job/application.

☐ Yes ☒ No *If yes, provide BIS job number(s) below:*

Other (demolition, sign, fence, etc.): I hereby state that other work has been performed (under separate job number(s)) in conjunction with this job/application.

☐ Yes ☒ No *If yes, provide BIS job number(s) below:*

4 Verification of NB/Alt-1 Job Filing Data *Required for all applications.*

I hereby state that all job filing data (i. e. address, block, lot, Schedule A, etc.) is accurate in the Building Information System (BIS).
I am aware that this data will appear on the Certificate of Occupancy: ☐ Yes ☐ No
To review job data, please refer to the CP Preview Page on BISWeb.

5 Sustainability: Required for All New Buildings

Reflectance Per 28-101.4.3, item 11 and BC 1504.8, many new buildings and alterations require roofs and setbacks to have a certain level of reflectance. If applicable, please indicate the number of square feet and percentage of the roof that is reflective _____, _____ %

If the roof and/or setbacks are exempt from reflectance requirements, please indicate why.

6 Statement of Compliance

Knowing falsification of any statement is a misdemeanor under 28-201 2.1 and 28-203.1 of the Administrative 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. I hereby state that I am the

I hereby state that all of the above information is complete and correct to the best of my knowledge.

Name (please print)

RICHARD CARUSILLO

Signature

Date

Richard Carusillo

12/10/24

- ☐ Registered Architect
☐ Professional Engineer
☒ Construction Superintendent

that supervised the construction work. I further state that I have examined the approved plans and specifications of the structure herein referred to of which a Certificate of Occupancy is sought. To the best of my knowledge and belief the building has been erected or altered in accordance with the approved plans and specifications and any amendments thereto, and all materials and methods of construction utilized during the course of construction have been in accordance with applicable standards and code requirements. As erected or altered, the building complies with the provisions of the building code and all other applicable laws and regulations, except insofar as variations or variances therefrom have been legally permitted or authorized.

P.E./R.A. Seal (apply seal, then sign and date over seal)

7 Notarization Required only for Construction Superintendents

State of New York, County of

Sworn to before me this 10 day of December 2024

Signature

Liliana M. Castillo

Notary Seal

LILIANA M. CASTILLO
 NOTARY PUBLIC, STATE OF NEW YORK
 No. 01CA6078583
 QUALIFIED IN NEW YORK COUNTY
 MY COMMISSION EXPIRES AUG. 5, 2026

Administrative Use Only Do Not Write In Section Below

- ☐ CO Inspection Application rejected for the following reasons and cannot be processed until the issues are resolved
- ☐ Invalid form revised PW-6 form must be dated 4/11
- ☐ No permits have been issued for this job number
- ☐ Job number incorrect/invalid
- ☐ Form incomplete: Section(s) _____
- ☐ Electrical Control Number(s) missing (required for NB filings)
- ☐ P.E./R.A. seal missing
- ☐ Notarization by Superintendent of Construction missing
- ☐ Copy of most recent approved spec sheet required (for pre-BIS jobs only)
- ☐ Other: _____