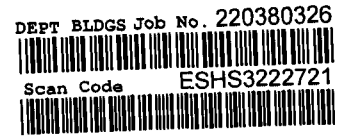




PW7: Certificate of Occupancy /
Letter of Completion Folder
Review Request

Must be typewritten

Cons Audit



1946-6 2.5 NY05XC304

D14

1	Location Information	C BB 8/20/15
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House No(s) 1744	Street Name Clay Avenue	Work Proposed on Floor No(s) Roof & Grade
Borough Bronx	Block 2891 Lot 6	BIN2009351 CB No.

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

Last Name Bray First Name Stephen Middle Initial A

Business Name KMB Design Group, LLC Business Telephone (732) 280-5623

Business Address 1800 State Route 34, Suite 209 Business Fax

City Wall Township State NJ Zip 07719 Mobile Telephone

E-Mail License Number 086064

3	Type of Request Choose one.
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- ☒ 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.
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5	Statements and Signatures
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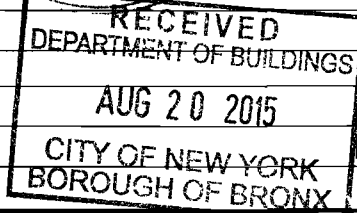
By signing below, I understand that all the information provided is true to the best of my knowledge and that falsification of any statement is a misdemeanor under § 26-124 of the NYC Administrative Building Code and punishable by a fine or imprisonment or both. It is unlawful to give to a city employee, 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 8/4/15

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

Comments:



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: _____