



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

Must be typewritten

DEPT BLDGS Job No. 220401679



Scan Code ESHS2645141

Pro Cert

D14

1	Location Information	C B B 8/14/15
House No(s) 2395		Street Name TIEBOUT AVENUE
Borough BRONX		Work Proposed on Floor No(s) CEL, 1-6 FL, ROOF
Block 3147		Lot 3147
BIN 2013462		CB No. 5

2	Requestor Information	
Individuals Relationship to Job (example: applicant, owner filing representative)		
Last Name RUDIKOFF, P.E.		First Name NEAL
		Middle Initial M.
Business Name NEW YORK ENGINEERING ASSOC., PC		Business Telephone 631-753-0333
Business Address 270 SPAGNOLI ROAD, STE 204		Business Fax 631-753-0427
City MELVILLE		State NY
Zip 11747		Mobile Telephone
E-Mail INFO@NYEAPC.COM		License Number 050579

3	Type of Request Choose one.
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Directive 14)

y (Borough Commissioner's Office may be required. All requirements must be fulfilled before a TCO will

f Occupancy (Borough Commissioner's Office approval may be required. All requirements must be

tes and bounds only (28-118.16.2)

d, write "see A1-1" here and submit a completed A1-1 form with this request.

provided is true to the best of my knowledge and that falsification of any statement is a misdemeanor under § 26-124 of the NYC
imprisonment, or both. It is unlawful to give any employee or for any employee to accept, any benefit, monetary or otherwise,
change for special consideration. Violation is punishable by imprisonment, fine, or both

Date 7/31/15

Authorization Do not write in this section

Comments:

Authorized Name (please print)

Authorization Signature (if approved only)

RECEIVED
DEPARTMENT OF BUILDINGS

AUG 12 2015

CITY OF NEW YORK
BOROUGH OF BRONX

☐ 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 |
| ☐ Missing Required item(s): | ☐ Other: _____ | | |
| ☐ Form(s) missing/incomplete: Form(s) | ☐ TR-1 Error(s): _____ | | |
| ☐ Other: _____ | ☐ Section(s)/Reason(s) _____ | | |