



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

(Must be typewritten)

1 LOCATION INFORMATION

House No(s) 3763 Street Name White Plains Road Work Proposed on Floor No(s) CEL,1ST,2ND,ROF
Borough Bronx Block 4651 Lot 56 BIN 2057527 CB No. _____

2 REQUESTOR INFORMATION

Individuals Relationship to Job (Example: Applicant, Owner Filing Representative)

Last Name Rafeh First Name Bassam Middle Initial _____

Business Name IMA Business Telephone 7182688600

Business Address 1700 S. Rockaway Ave Business Fax _____

City Lynbrook State NY Zip 11563 Mobile Telephone _____

E-Mail bassam@ima-architects.com License Number 5350

3 TYPE OF REQUEST (Choose one)

- ☐ Letter of Completion (Directive 14 or Non-Directive 14)
- ☒ TCO - Temporary Certificate of Occupancy. Must complete the TCO Worksheet on pages 2 and 3 of the PW7. All applicable requirements checked on TCO Worksheet must be fulfilled before a TCO will be issued. (Borough Commissioner's Office approval is required).
- ☐ TCO - Temporary Certificate of Occupancy with Change. Must complete the TCO Worksheet on pages 2 and 3 of the PW7. All applicable requirements checked on TCO Worksheet must be fulfilled before a TCO will be issued. (Borough Commissioner's Office approval is required).
- ☐ Renewal of TCO - Temporary Certificate of Occupancy. All applicable requirements must be fulfilled before a TCO is issued. (Borough Commissioner's Office approval may be required) 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)

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 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 12-22-20

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

Comments: Incomplete submission. Complete all section of TCO checklist. Must be answered yes or no for all questions and complete all columns. TCO supporting documents must be assembled as one package and submit under TCO supporting documents. Follow PW7 guidelines.

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 Condition 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: _____

Thomas Karakattu
DENIED

Date: 12/23/2020