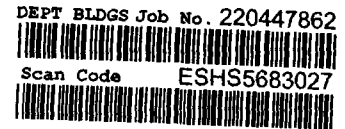




PW7: Certificate of Occupancy /
Letter of Completion Folder
Review Request

Must be typewritten



1 Location Information

House No(s) 2400 Street Name RYER AVENUE Work Proposed on Floor No(s) OSP
Borough BRONX Block 3152 Lot 11 BIN 2094662 CB No. 205

2 Requestor Information

Individuals Relationship to Job (example: applicant, owner filing representative)
Last Name HAQUE First Name MUHAMMAD Middle Initial A
Business Name ST DESIGN & CONSULTING INC. Business Telephone (347) 828-1309
Business Address 2634 WEST STREET, APT-5H Business Fax
City BROOKLYN State NY Zip 11223 Mobile Telephone (347) 828-1309
E-Mail STDESIGNCONSULTING@GMAIL.COM License Number 3229

3 Type of Request Choose one.

- ☒ 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.

WORK HAS BEEN DONE ACCORDING TO THE APPROVED PLAN.

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 *MA. Ahmedul Haque* Date 07-13-2016

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: _____