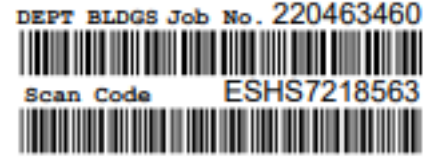




**PW7: Certificate of Occupancy /
Letter of Completion Folder
Review Request**
Must be typewritten



1 Location Information

House No(s) **684** Street Name **East 222nd St.** Work Proposed on Floor No(s) **CEL, 001 thru 006**
Borough **Bronx** Block **4656** Lot **34** BIN **2057646** CB No. **212**

2 Requestor Information

Individuals Relationship to Job (example: applicant, owner filing representative)
Last Name **Stumpf** First Name **Kristina** Middle Initial **M.**
Business Name **Meszaros Engineering, PLLC** Business Telephone **516-599-5100**
Business Address **211 Broadway, Suite 200A** Business Fax **516-218-2911**
City **Lynbrook** State **NY** Zip **11563** Mobile Telephone
E-Mail **ks@meszengineering.com** License Number **5522**

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.*

Receipt of DHCR document required item to continue with permit renewal.

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 *Kristina M. Stumpf* Date **8/25/2020**

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: _____