



S/O 9/19/17
PW7: Certificate of Occupancy /
Letter of Completion Folder
Review Request

Must be typewritten

DEPT BLDGS Job No. 220488201



Scan Code

ESHS0186087

1 Location Information

House No(s) 1039

Street Name REVERE AVENUE

Work Proposed on Floor No(s)

Borough BRONX

Block 5532

Lot 25

BIN 2079451

CB No. 210

2 Requestor Information

Individuals Relationship to Job (example applicant, owner filing representative)

Last Name MALAGON, CESAR, ASTRID First Name LUZ, FABIAN, MARI, GUAC Middle Initial

Business Name CAMG CONSULTANTS@YAHOO.COM

Business Telephone 718-6184472

Business Address 82-11 37 AVENUE SUITE 605

Business Fax

City QUEENS

State NY

Zip 11372

Mobile Telephone

E-Mail CAMG CONSULTANTS@YAHOO.COM

License Number 3592

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.

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 § 265.124 of the NYC Administrative Building Code and punishable by a fine or imprisonment, or both. It is unlawful to give to any employee, or to 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

09-18-17

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

Comments

RECEIVED
DEPARTMENT OF BUILDINGS

SEP 18 2017

Authorized Name (please print)

☐ Approved

☐ Disapproved

Authorization Signature (if approved only)

CITY OF NEW YORK
BOROUGH OF BRONX

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: _____