



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

Must be typewritten

DEPT BLDGS Job No. 220656298



Scan Code ESHS5936743

*P. No. 624*

**1 Location Information**

House No(s) 3213

Street Name THIRD AVENUE

Work Proposed on Floor No(s) 01

Borough BRONX

Block 02367

Lot 7502

BIN 2116624

CB No. 203

**2 Requestor Information**

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

Last Name DA/KL/BE/JI/TO/BO

First Name AN/BR/IV/IV/JO/SA

Middle Initial

Business Name JM ZONING

Business Telephone (646) 762-4853

Business Address 299 BROADWAY SUITE 1100

Business Fax (775) 628 3726

City NEW YORK

State NY

Zip 10007

Mobile Telephone

E-Mail DSTERN@JMZONING.COM

License Number 007443

**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 § 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

1/24/19

**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: \_\_\_\_\_