



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

(Must be typewritten)

1 LOCATION INFORMATION

House No(s) 4322 Street Name WICKHAM AVE Work Proposed on Floor No(s) CEL 001 thru 002
Borough BRONX Block 5052 Lot 15 BIN 2070085 CB No. 212

2 REQUESTOR INFORMATION

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

Last Name WONG/HE/KEE

First Name KIM/JIMMY/JUAN

Middle Initial

Business Name BUILD TEAM CORP

Business Telephone (929) 488-8686

Business Address 35-23 FARRINGTON STREET, 2/F

Business Fax

City FLUSHING

State NY

Zip 11354

Mobile Telephone (646) 210-3233

E-Mail BUILDTEAMCORP@GMAIL.COM

License Number 004262

3 TYPE OF REQUEST

- ☒ 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

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

11/23/2020

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: _____



EW-OT-GC-ST
EW-OT-GC-ST Non-Directive 14

INSPECTION REPORT

1. TYPE OF INSPECTION: EW-OT-GC-ST Non-Directive 14

2. RECORD INFORMATION

Record Type: DOB/Permit/EW-OT-GC-ST/NA
Record (Job/Permit/Application) #: 22069609401EWOT
Requestor Name: alberto roman
Requestor Phone Number: 9176880272

3. INSPECTION INFORMATION

Inspection Result: Pass-Final
Inspection Date: 10/23/20 Inspection Time: 8:41 AM
Inspector Badge#: 2221

4. OBJECTIONS

Failed Guidesheet Item	Result	Certifiable?	Floor No.	Comments

5. APPROVAL

Inspection Final Result: Pass-Final
Inspection Final Approval Date: 10/23/20
Inspection Final Approval Time: 03:08 PM
Supervisor Badge #: 2604