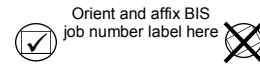




PW7: Certificate of Occupancy /
Letter of Completion Folder
Review Request

Must be typewritten



1 Location Information

House No(s) 806 Street Name Freeman street Work Proposed on Floor No(s) cell base 01 02

Borough Bronx Block 2968 Lot 22 BIN 20110316 CB No. 203

2 Requestor Information

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

Last Name Khatun First Name Asha Middle Initial

Business Name Arc-Hi-Tect Associate Inc Business Telephone (347) 813-4645

Business Address 14-27 broadway Business Fax

City Astoria State NY Zip 11106 Mobile Telephone

E-Mail arcassociate2018@gmail.com License Number 7503

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.

ALL WORK COMPLIED AS PER 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 Asha Khatun

Date 10/06/20

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: _____