NYC Buildings

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

Must be typewritten

DEPT BLDGS Job No. 240027831
Scan Code ESHS2631120

RT 351/13 Pro Cert D14

1 Location Information

House No(s) 340	Street Name EAST MOSHOLU PARKWAY SOUTH		Work Proposed on Floor No(s) CELLAR	
Borough Bronx	Block 3281	Lot 18	BIN 2016456	CB No. 207

2 Requestor Information

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

Last Name FISCHETTI	First Name ANTHONY		Middle Initial J.
Business Name CHAMPION COMBUSTION			Business Telephone 718-837-4707
Business Address 8019 17TH AVENUE			Business Fax
City BROOKLYN	State NY	Zip 11214	Mobile Telephone
E-Mail			License Number 4254

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 for me to offer 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. Violations are punishable by imprisonment or fine, or both.

Requestor Signature Date 7/24/15

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: _____