



PW7: Certificate of Occupancy
Letter of Completion Folder
Review Request

Must be typewritten.

DEPT BLDGS Job No. 240068234



Scan Code ESHS1530061

240068234

Affix BIS job number label here.

1 Location Information

House No(s) 2654

Street Name VALENTINE AVE

Work Proposed on Floor No(s) OSP

Borough BRONX

Block 3300

Lot 3

BIN 2016993

CB No. 207

2 Requestor Information

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

Last Name ZIA/MIN/PAL

First Name MUZ/SAT/JEN

Middle Initial

Business Name ALL CITY EXPEDITING INC.

Business Telephone (718)-577-0424

Business Address 117-14 ATLANTIC AVENUE

Business Fax (718)-577-0425

City RICHMOND HILL State NY Zip 11419

Mobile Telephone

E-Mail ALLCITYEXPEDITINGINC@GMAIL.COM

License Number 3889 / 2232

3 Type of Request Choose one.

☒ Letter of Completion (Directive 14 or Non-Directive 14)

☐ TCO - Temporary Certificate of Occupancy (Borough Commissioner's Office approval may be required. All requirements must be fulfilled before a TCO will be issued)

☐ 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)

☐ Final Certificate of Occupancy

4 Comments If additional space is required, write "see AI-1" here and submit a completed AI-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 is 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.

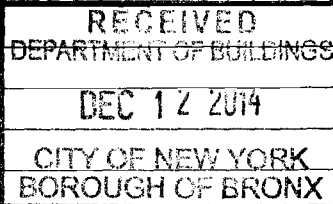
Requestor Signature

Date

12/12/14

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

Comments:



Authorized Name (please print)

☐ Approved

☐ Disapproved

Authorized 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: _____