



PW7: Certificate of Occupancy /
Letter of Completion Folder
Review Request
Must be typewritten

DEPT BLDGS Job No. 240135215



Scan Code ESHS0116104

1	Location Information			
House No(s) 1659		Street Name HUNT AVE		Work Proposed on Floor No(s) CEL,
Borough BRONX		Block 4037	Lot 17	BIN 2043172 CB No. 211

2	Requestor Information			
Individuals Relationship to Job (example: applicant, owner filing representative)				
Last Name ZHAO		First Name XIAOHONG		Middle Initial
Business Name AMERILAND BROOK LLC.			Business Telephone	
Business Address 141-52 33 AVE, #2C			Business Fax	
City QUEENS		State NY	Zip 11354	Mobile Telephone (646) 201-6853
E-Mail XH8310@GMAIL.COM			License Number 086301	

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 <i>Xiaohong Zhao</i>		Date <i>09/08/2016</i> 08-22-2016		

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: _____	