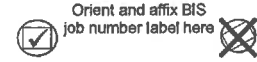




**PW7: Certificate of Occupancy /
Letter of Completion Folder
Review Request**
Must be typewritten



1	Location Information	House No(s) 521 Street Name WHITE PLAINS ROAD Work Proposed on Floor No(s) ROOF		
		Borough BRONX	Block 3527 Lot 69	BIN 2021621 CB No. 209

2	Requestor Information	Individuals Relationship to Job (example: applicant, owner filing representative)		
		Last Name DUNZIK	First Name DANIEL	Middle Initial
		Business Name N/A	Business Telephone 908-872-3664	
		Business Address 370 BURNT HILL ROAD		Business Fax
		City SKILLMAN	State NJ	Zip 08558
		E-Mail STUDIOGDESIGN@COMCAST.NET		Mobile Telephone
				License Number 039534

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)		
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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 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 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 10-31-2019	

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: _____				