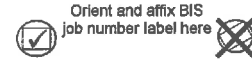




**PW7: Certificate of Occupancy /
Letter of Completion Folder
Review Request**
Must be typewritten



1	Location Information				
House No(s) 439		Street Name LELAND AVENUE		Work Proposed on Floor No(s) ROOF	
Borough BRONX		Block 3497	Lot 47	BIN 2020850	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	Mobile Telephone	
E-Mail STUDIOGDESIGN@COMCAST.NET				License Number 039534	

3	Type of Request <i>Choose one.</i>				
☒ 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 <i>If additional space is required, write "see A1-1" here and submit a completed A1-1 form with this request.</i>				

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 12-16-2019

Borough Commissioner's Office TCO Authorization <i>Do not write in this section.</i>	
Comments: 	
Authorized Name (please print)	☐ Approved ☐ Disapproved
Authorization Signature (if approved only)	Date

Disapproval Reasons <i>Review request cannot be processed for the following reasons:</i>	
☐ 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: _____	