



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

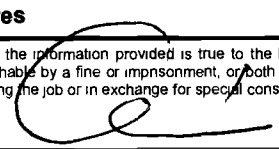
DEPT BLDGS Job No. 300109852  
Scan Code ESHS5999057

|                               |  |                             |       |                                  |            |
|-------------------------------|--|-----------------------------|-------|----------------------------------|------------|
| <b>1 Location Information</b> |  |                             |       |                                  |            |
| House No(s) 719               |  | Street Name NEW LOTS AVENUE |       | Work Proposed on Floor No(s) OSP |            |
| Borough BROOKLYN              |  | Block 4092                  | Lot 4 | BIN 309073                       | CB No. 305 |

|                                                                                   |  |                  |           |                                 |  |
|-----------------------------------------------------------------------------------|--|------------------|-----------|---------------------------------|--|
| <b>2 Requestor Information</b>                                                    |  |                  |           |                                 |  |
| Individuals Relationship to Job (example: applicant, owner filing representative) |  |                  |           |                                 |  |
| Last Name CARRILLO                                                                |  | First Name DAVID |           | Middle Initial                  |  |
| Business Name PRIME DESIGN GROUP                                                  |  |                  |           | Business Telephone 718-318-1420 |  |
| Business Address 130-20 ROCKAWAY BLVD                                             |  |                  |           | Business Fax 718-504-6346       |  |
| City QUEENS                                                                       |  | State NY         | Zip 11420 | Mobile Telephone 347-499-2955   |  |
| E-Mail davidcarrillo01@gmail.com                                                  |  |                  |           | License Number 01694            |  |

|                                                                                                                                                                                                          |  |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| <b>3 Type of Request</b> <i>Choose one.</i>                                                                                                                                                              |  |  |  |  |  |
| <input type="checkbox"/> Letter of Completion (Directive 14 or Non-Directive 14)                                                                                                                         |  |  |  |  |  |
| <input type="checkbox"/> TCO - Temporary Certificate of Occupancy (Borough Commissioner's Office may be required. All requirements must be fulfilled before a TCO will be issued) 3A                     |  |  |  |  |  |
| <input type="checkbox"/> 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 |  |  |  |  |  |
| <input checked="" type="checkbox"/> Final Certificate of Occupancy 3A                                                                                                                                    |  |  |  |  |  |
| 3A <input type="checkbox"/> Change of address, block/lot, metes and bounds only (28-118.16.2)                                                                                                            |  |  |  |  |  |

|                                                                                                                                     |  |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| <b>4 Comments</b> <i>If additional space is required, write "see A1-1" here and submit a completed A1-1 form with this request.</i> |  |  |  |  |  |
|                                                                                                                                     |  |  |  |  |  |
|                                                                                                                                     |  |  |  |  |  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |              |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--------------|--|
| <b>5 Statements and Signatures</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |              |  |
| <small>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.</small> |  |  |  |              |  |
| Requestor Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  | Date 5-15-18 |  |

|                                                                                             |  |  |  |                                   |                                      |
|---------------------------------------------------------------------------------------------|--|--|--|-----------------------------------|--------------------------------------|
| <b>Borough Commissioner's Office TCO Authorization</b> <i>Do not write in this section.</i> |  |  |  |                                   |                                      |
| Comments:                                                                                   |  |  |  |                                   |                                      |
|                                                                                             |  |  |  |                                   |                                      |
|                                                                                             |  |  |  |                                   |                                      |
| Authorized Name (please print)                                                              |  |  |  | <input type="checkbox"/> Approved | <input type="checkbox"/> Disapproved |
| Authorization Signature (if approved only)                                                  |  |  |  | Date                              |                                      |

|                                                                                                                                                                                                            |  |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| <b>Disapproval Reasons</b> <i>Review request cannot be processed for the following reasons:</i>                                                                                                            |  |  |  |  |  |
| <input type="checkbox"/> Fees unpaid <input type="checkbox"/> Open ECB/DOB Violation(s) <input type="checkbox"/> Incomplete PAA <input type="checkbox"/> Audit Conditions Pending / Job on Hold            |  |  |  |  |  |
| <input type="checkbox"/> Missing inspection Sign-off(s): <input type="checkbox"/> Construction <input type="checkbox"/> Plumbing <input type="checkbox"/> Electrical <input type="checkbox"/> Other. _____ |  |  |  |  |  |
| <input type="checkbox"/> Missing Required item(s): _____ <input type="checkbox"/> TR-1 Error(s): _____                                                                                                     |  |  |  |  |  |
| <input type="checkbox"/> Form(s) missing/incomplete: Form(s) _____      Section(s)/Reason(s) _____                                                                                                         |  |  |  |  |  |
| <input type="checkbox"/> Other: <u>It's an ALT 2 job.</u>                                                                                                                                                  |  |  |  |  |  |