



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

DEPT BLDGS Job No. 300813494
Scan Code ESHS0335275

1 Location Information					
House No(s) 148		Street Name FROST STREET		Work Proposed on Floor No(s) 001,002,003	
Borough BROOKLYN		Block 2739 Lot 17		BIN 3068189 CB No. 301	
2 Requestor Information					
Individuals Relationship to Job (example: applicant, owner filing representative)					
Last Name BRACHA		First Name SIMA		Middle Initial	
Business Name				Business Telephone 3474594559	
Business Address 3751 18TH AVE. #B8				Business Fax	
City BROOKLYN		State NY Zip 11218		Mobile Telephone	
E-Mail SIMIBRACHA@GMAIL.COM				License Number 4868	
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 <i>If additional space is required, write "see A1-1" here and submit a completed A1-1 form with this request</i>					
Respectfully requesting TCO being that there are open violations. Open violation can only be corrected once TCO is issued. All violations are based on occupancy usage.					
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>[Signature]</i>				Date 10/17/19	
Borough Commissioner's Office TCO Authorization <i>Do not write in this section.</i>					
Comments:					
Authorized Name (please print) Reda Shehata, RA					
Authorization Signature (if approved) <i>[Signature]</i> DEPUTY BOROUGH COMMISSIONER				☐ Approved ☒ Disapproved	
Date				OCT 25 2019	
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: CERTIFICATE OF INSTALLATION & SMOKE / CARBON					

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