



3	Cost Details <i>Required for all applications.</i>
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Categories of Work (Must match all applicable categories indicated on PW1.)

- | | | | | | |
|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Yes | No | Yes | No | Yes | No |
| ☐ | ☒ | ☐ | ☒ | ☒ | ☐ |
| | Boiler (BL) | | Standpipe (SD) | | General Construction (OT) |
| ☐ | ☒ | ☐ | ☒ | | ☐ |
| | Fire Alarm (FA) | | Sprinkler (SP) | | Partial Demolition |
| ☐ | ☒ | ☐ | ☒ | | ☐ |
| | Fuel Burning (FB) | | Signs (SG) | | Non-Structural Demolition |
| ☐ | ☒ | ☐ | ☒ | | ☐ |
| | Fuel Storage (FS) | | Other (OT) | | Structural Work |
| ☐ | ☒ | | ☐ | | ☒ |
| | Fire Suppression (FP) | | Antenna (OT/ANT) | | Interior Renovation |
| ☐ | ☒ | | Marquee (OT/MAR) | | ☐ |
| | Mechanical (MH) | | (Describe) _____ | | Exterior Renovation |
| ☒ | ☐ | | | | ☐ |
| | Plumbing (PL) | | | | (Describe) _____ |

Category of Work*	Description of Work	Area/Units	Unit Cost (\$)	Total Cost (\$)	Work Category Total Cost (\$)
PL	PLUMBING WORK	1	2000	2000	2000
OT	INTERIOR RENOVATION	1	3000	3000	3000
			TOTAL JOB COST: \$ 5000.00		

1/10

4 Design Applicant InformationChoose One: ☐ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____ License Number _____

Last Name

First Name

Middle Initial

Business Name

Business Phone

Business Fax

Business Address

Mobile Phone

City

State

Zip

E-Mail

5 Owner/Lease Holder InformationChoose One: ☒ Owner ☐ Lease Holder

Last Name MISLOWACK

First Name JOSPEH

Middle Initial A

Business Name N/A

Business Phone 718-434-7421

Business Fax

Business Address 1315 GLENWOOD ROAD

Mobile Phone

City BROOKLYN

State NY

Zip 10031

E-Mail

6 Design Applicant's Statements and Signatures

I hereby state the information on this form is correct and complete to the best of my knowledge. I understand falsification of any statement is a misdemeanor and punishable by a fine, imprisonment, or both. I also understand 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. I understand that if I am found after hearing to have knowingly or negligently made a false statement or to have knowingly or negligently falsified or allowed to be falsified any certificate, form, signed statement, application, report or certification of the correction of a violation required under the provisions of this code or of a rule of any agency, I may be barred from filing further applications or documents with the Department.

Name (print)

Signature

Date

P.E. / R.A. Seal (apply seal, then sign and date over seal)

7 Owner's/Lease Holder's Statements and Signatures *Notary only required when submitting to obtain Sign-off.*

I hereby state the information on this form is correct and complete to the best of my knowledge. I understand falsification of any statement is a misdemeanor and is punishable by a fine or imprisonment, or both. I also understand 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. I understand that if I am found after hearing to have knowingly or negligently made a false statement or to have knowingly or negligently falsified or allowed to be falsified any certificate, form, signed statement, application, report or certification of the correction of a violation required under the provisions of this code or of a rule of any agency, I may be barred from filing further applications or documents with the Department.

Name (print)
JOSEPH A MISLOWACK

Signature

Date

7/6/11

Notarization

State of New York, County of: New York

Sworn to or affirmed under penalty of perjury

6th day of July 20 11

Notary Public Signature

Notary Seal

LORI R. LEVINSON
NOTARY PUBLIC, State of New York
No. 5029228
Qualified in New York County
Commission Expires, 6/13 2014

Internal Use Only

Work Area	PW3 Cost Details Validation	Comments (May include cost guidance.)	Initials
Pre-Filing:	☐ Accept Original ☐ Revised Cost Needed		
Plan Examination:	☐ Accept Original ☐ Revised Cost Needed		
C of O:	☐ Accept Original ☐ Revised Cost Needed		
Pre-Filing/Plan Examination/C of O:	☐ Accept Revised Submission (Resolved)		



PW-7: Certificate of Occupancy /
Letter of Completion Folder
Review Request
Must be typewritten.

DEPT BLDGS	310247925	Job Number
SC090428600		Scan Code

1 Location Information

House No(s) 105 Street Name 3 AVENUE Work Proposed on Floor No(s) 002
Borough BROOKLYN Block 389 Lot 3 BIN 3005983 CB No. 302

2 Requestor Information

Individuals Relationship to Job (example: applicant, owner, filing representative)

Last Name BAJANA/SANTOS First Name LUIS/GEORGE Middle Initial

Business Name FRANKLYN ESTRELLA ARCHITECT Business Telephone 718 782-4292

Business Address 239 SOUTH 4 STREET Business Fax

City BROOKLYN State NY Zip 11211 Mobile Telephone

E-Mail License Number B46376

3 Type of Request Choose one.

- ☒ Letter of Completion (Directive 14 or Non-Directive 14)
☐ TCO - Temporary Certificate of Occupancy (Borough Commissioner's Office approval may be required. All requirements must be fulfilled before a TCO will be issued)
☐ 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)
☐ Final Certificate of Occupancy

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 is 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 considerations. Violation is punishable by imprisonment or fine, or both.

Requestor Signature

Date

4/28/09

Borough Commissioner's Office TCO Authorization *Do not write in this section.*

Comments:

Authorized Name (please print)

☐ Approved

☐ Disapproved

Authorized 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: _____