



PW7: Certificate of Occupancy
Letter of Completion Folder
Review Request

Must be typewritten.



1 Location Information

House No(s) 1863 Street Name E 29 STREET Work Proposed on Floor No(s)
Borough BROOKLYN Block 6835 Lot 65 BIN CB No.

2 Requestor Information

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

Last Name LUO First Name JONA Middle Initial

Business Name J.M.LIN ARCHITECT .PC Business Telephone 971-650-3389

Business Address 146-49 REEVES AVE Business Fax

City FLUSHING State NY Zip 11367 Mobile Telephone

E-Mail License Number L23161

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 AI-1" here and submit a completed AI-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 consideration. Violation is punishable by imprisonment or fine, or both.

Requestor Signature

Date 2/11/10

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: _____

J.M. LIN ARCHITECT, PC

146-49 Reeves Avenue

Flushing, NY 11367

Tel: 718-445-2035/Fax: 718-321-0149

New York City Dept. of Buildings
Borough of Brooklyn

To whom it may concern:

We are kindly requesting to obtain a letter of completion for the following
Job applications:

JOB APPLICATION:

ADDRESS: 1863 East 29 Street

JOB# 320087482

BLOCK: 6835

LOT: 65

Thank you, for your attention in this matter.

Sincerely,

