



PW7: Certificate of Occupancy /
Letter of Completion Folder
Review Request

Must be typewritten.



1 Location Information

House No(s) 847 Street Name Shepherd Avenue Work Proposed on Floor No(s) Roof
Borough Brooklyn Block 4499 Lot 45 BIN 3098787 CB No. 305

2 Requestor Information

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

Last Name Nummi First Name Kenneth Middle Initial
Business Name Michael Harley Ltd. Business Telephone 516-326-2720
Business Address 99 Tulip Avenue Business Fax 516-326-2722
City Floral Park State N.Y. Zip 11001 Mobile Telephone 516-668-0690
E-Mail mharleyltd@yahoo.com License Number N25680

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

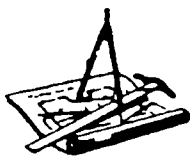
Borough Commissioner's Office TCO Authorization Do not write in this section.

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: _____



R SHATARAH
CONSULTING ENGINEERS,
P.C.

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Syosset, NY 11791

Telephone: (516)731-4687

Fax: (516)796-2744

Email:

Rudolph@RSharatahEngineers.com

REQUEST FOR LETTER OF COMPLETION

Wednesday, September 08, 2010

TO: Department of Buildings
210 Joralemon St., 8th Floor,
Brooklyn, NY 11201-3715

Application No: 320168028

Block: 4499

Lot: 45

Address: 847 Shepherd Avenue
Brooklyn, NY 11208

Dear Sir or Madam:

Please be advised that all work related to the above referenced application has been completed. I am hereby respectfully requesting a letter of completion as per Directive 14.

Respectfully yours,

Rudolph S. Shatarah
Professional Engineer

