



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

Must be typewritten

DEPT BLDGS Job No. 320297451



Scan Code ESHS6520941

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                           |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------------------------------------|
| <b>1 Location Information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                           |                                                |
| House No(s) 159                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Street Name EXETER STREET | Work Proposed on Floor No(s) CEL, 001-002, ATT |
| Borough BROOKLYN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Block 8737 Lot 26         | BIN 3246148 CB No.                             |
| <b>2 Requestor Information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           |                                                |
| Individuals Relationship to Job (example: applicant, owner filing representative)                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                           |                                                |
| Last Name LEYDERMAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | First Name FELIKS         | Middle Initial                                 |
| Business Name PROPERTY EXPERTS CORP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                           | Business Telephone 646-508-5051                |
| Business Address 2650 OCEAN PARKWAY, APT 7K                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                           | Business Fax                                   |
| City BROOKLYN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | State NY                  | Zip 11235                                      |
| E-Mail FELA11218@YAHOO.COM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                           | Mobile Telephone                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                           | License Number 004547                          |
| <b>3 Type of Request Choose one.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |                                                |
| <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> If additional space is required, write on the A1-1" here and submit a completed A1-1 form with this request.                                                                                                                                                                                                                                                                                                                                                                                                                    |                           |                                                |
| <b>5 Statements and Signatures</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                                                |
| 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>Lea Leyderman</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                           | Date 04/26/15                                  |
| <b>Borough Commissioner's Office TCO Authorization</b> Do not write in this section.                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |                                                |
| Comments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                           |                                                |
| Authorized Name (please print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           |                                                |
| Authorization Signature (if approved only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                           | Date                                           |
| <b>Disapproval Reasons</b> Review request cannot be processed for the following reasons:                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                           |                                                |
| <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: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                           |                                                |