



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



1 Location Information

House No(s) 269 Street Name EAST 19th STREET Work Proposed on Floor No(s) CEL, 001, 002
Borough BROOKLYN Block 5150 Lot 34 BIN 3118535 CB No 314

2 Requestor Information

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

Last Name CHEN First Name JOHN Middle Initial C
Business Name JOHN C. CHEN ARCHITECT, PLLC Business Telephone (718) 460-1345
Business Address 41-22 FULLER PLACE, 3rd FL Business Fax
City FLUSHING State NY Zip 11355 Mobile Telephone
E-Mail JCCAR05@YAHOO.COM License Number 026764

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 *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 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 7/9/15

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

Comments:

Authorized Name (please print)

☐ Approved

☐ Disapproved

Authorization 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: _____

*Job has an Incomplete PAA

7/14/15