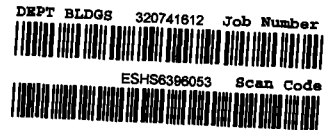




**PW-7: Certificate of Occupancy /
Letter of Completion Folder
Review Request**

Must be typewritten.



1	Location Information	House No(s) 2201 Street Name BEDFORD AVENUE Work Proposed on Floor No(s) CEL, 001, ROOF		
		Borough Brooklyn Block 5104 Lot 10 BIN 3117236 CB No. 317		

2	Requestor Information	Individuals Relationship to Job (example: applicant, owner, filing representative) <Select>		
		Last Name GONZALEZ First Name JEANETTE Middle Initial		
		Business Name METROPOLIS GROUP INC Business Telephone (212) 233-6344		
		Business Address 22 CORTLANDT STREET 10TH FLOOR Business Fax (212) 233-6333		
		City NEW YORK State NY Zip 10007 Mobile Telephone (917) 392-0923		
		E-Mail JEANETTEG@METROPOLISNY.COM License Number 002552		

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		
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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 <u><i>Jeannette Gonzalez</i></u> Date <u>10/27/14</u>		
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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: <u>TCO issued on 10/27/14 #3</u>				