



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

Must be typewritten

DEPT BLDGS Job No. 321248645



Scan Code ESHS3883443

1 Location Information	
House No(s) 1047a	Street Name HERKIMER ST
Borough BROOKLYN	Block 1549 Lot 73
Work Proposed on Floor No(s) CEL,BAS,001-002	BIN 3042150 CB No.
2 Requestor Information	
Individuals Relationship to Job (example: applicant, owner filing representative)	
Last Name CAMINO/PAZ/MANDATO	First Name JAVITH/JULIET/GEORGE Middle Initial
Business Name NYC BUILDING SOLUTIONS	Business Telephone 718-785-9666
Business Address 155 WATER STREET SUITE 533	Business Fax
City BROOKLYN State NY Zip 11201	Mobile Telephone
E-Mail INFO@NYCBUILDINGSOLUTIONS.COM	License Number 2447
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.	
RESPECTFULLY REQUESTING FOR FINAL CERTIFICATE OF OCCUPANCY	
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 8-8-16
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: _____	