



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

DEPT BLDGS Job No. 321391267
Scan Code ESHS9310525

1	Location Information
House No(s) 900 Street Name NEW YORK AVE Work Proposed on Floor No(s) cel,rof,per,mz2,mz3,001-004	
Borough BROOKLYN Block 4869 Lot 75 BIN 3108602 CB No. 317	

2	Requestor Information
Individuals Relationship to Job (example: applicant, owner filing representative)	
Last Name AUSCH First Name CHAIM Middle Initial	
Business Name 900 NY LLC Business Telephone (718) 928-7538	
Business Address 5308 13TH AVENUE #398 Business Fax	
City Brooklyn State NY Zip 11219 Mobile Telephone	
E-Mail CHAIM@TRIPLECBUILDERS.COM License Number	

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 <i>If additional space is required, write "see A1-1" here and submit a completed A1-1 form with this request.</i>

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 § 20-124 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 07-10-2019	

Borough Commissioner's Office TCO Authorization <i>Do not write in this section.</i>	
Comments:	
Authorized Name (please print)	☐ Approved ☐ Disapproved
Authorization Signature (If approved only)	Date

Disapproval Reasons <i>Review request cannot be processed for the following reasons:</i>	
☐ Fees unpaid ☐ Open ECB/DOS 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: _____	