



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

Must be typewritten

DEPT BLDGS Job No. 321646803



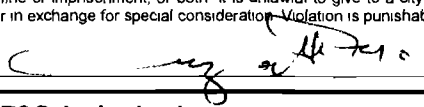
Scan Code ESHS7100999

1 Location Information				
House No(s) 80		Street Name AVENUE P		Work Proposed on Floor No(s) OSP
Borough BROOKLYN		Block 6619	Lot 1	BIN 3175266 CB No. 311

2 Requestor Information				
Individuals Relationship to Job (example: applicant, owner filing representative)				
Last Name CHA/ZIA/KHA		First Name DIN/MO/KHAL		Middle Initial A
Business Name TAJ MAHAL CONTRACTING COR			Business Telephone 718-287-2150	
Business Address 822 CONEY ISLAND AVENUE			Business Fax	
City BROOKLYN		State NY	Zip 11218	Mobile Telephone 718-287-2150
E-Mail Expedite1978@gmail.com			License Number 605531	

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 2/8/12/17

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: _____				