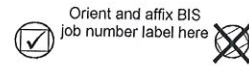




PW7: Certificate of Occupancy /
Letter of Completion Folder
Review Request

Must be typewritten



1	Location Information	House No(s) 327 Street Name CLINTON STREET Work Proposed on Floor No(s) BAS, 001, OSP Borough BROOKLYN Block 325 Lot 21 BIN 3003946 CB No. 306		
2	Requestor Information	Individuals Relationship to Job (example: applicant, owner filing representative) Last Name CRONIN First Name SEAN Middle Initial _____ Business Name JENNY FLORES EXPEDITING Business Telephone (718) 641-6299 Business Address 84-14 PITKIN AVENUE Business Fax _____ City OZONE PARK State NY Zip 11417 Mobile Telephone _____ E-Mail SEANC@JENNYFLORES.COM License Number 007051		
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 7/1/2020		
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: _____				