



Job Number



ES605454687

Scan Code

Letter of Completion Folder Review Request

Must be typewritten

Orient and affix BIS

322063841

99-364 DW

1 Location Information

House No(s) 1240

Street Name Greene Avenue

Work Proposed on Floor No(s) CEL,001

Borough Brooklyn

Block 3297

Lot 1

BIN 3325695

CB No. 304

2 Requestor Information

Individuals Relationship to Job (example: applicant, owner filing representative)

Last Name Corbin

First Name Anthony

Middle Initial

Business Name Construction Permit Services Corp

Business Telephone 212-246-5111

Business Address 263 West 38 Street, Suite 8E

Business Fax 212-246-5477

City New York

State NY

Zip 10018

Mobile Telephone

E-Mail Linda@cpermit.com

License Number 001414

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 3A3A ☐ 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 proper performance of the job or in exchange for special consideration. Violation is punishable by imprisonment or fine, or both.

Requestor Signature

Date

8/26/2020

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: _____