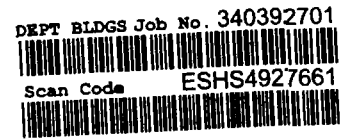
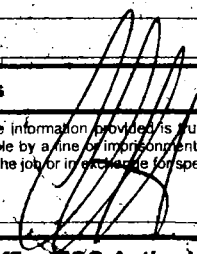




PW7: Certificate of Occupancy /
Letter of Completion Folder
Review Request

Must be typewritten



1	Location Information			
		House No(s) 1117	Street Name EASTERN PARKWAY	Work Proposed on Floor No(s) CEL
		Borough BROOKLYN	Block 1390 Lot 44	BIN 3259314 CB No. 308
2	Requestor Information			
Individuals Relationship to Job (example: applicant, owner filing representative)				
		Last Name KATZ	First Name ANDREW	Middle Initial
		Business Name ANDREW KATZ ENGINEERING PLLC		Business Telephone 718-252-8735
		Business Address 3452 BEDFORD AVE		Business Fax 718-253-2712
		City BKLYN	State NY Zip 11210	Mobile Telephone
		E-Mail AKTZ@AOL.COM		License Number 051094
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 9/17/19	
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: _____				