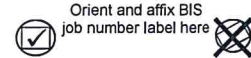




PW7: Certificate of Occupancy /
Letter of Completion Folder
Review Request
Must be typewritten



1	Location Information	House No(s) 1363 Street Name E 104TH STREET Work Proposed on Floor No(s) ROF Borough BROOKLYN Block 8288 Lot 19 BIN 3234033 CB No. 318		
2	Requestor Information	Individuals Relationship to Job (example: applicant, owner filing representative) Last Name Bushey First Name Timothy Middle Initial Business Name Sunrun Installations Business Telephone 909-441-0503 Business Address 26 Worlds Fair Dr Unit K Business Fax City Somerset State NJ Zip 08873 Mobile Telephone 909-441-0503 E-Mail seairra.mcleod@sunrunhome.com License Number 6509		
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 § 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 <u><i>Timothy Bushey</i></u>				Date <u>10/6/17</u>
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: _____				