



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

DEPT BLDGS Job No. 340629608
Scan Code ESHS4717884

1	Location Information																				
<table style="width: 100%;"><tr><td style="width: 33%;">House No(s) 429</td><td style="width: 33%;">Street Name ROGERS AVE</td><td style="width: 33%;">Work Proposed on Floor No(s) 001, RF</td></tr><tr><td>Borough BROOKLYN</td><td>Block 01329 Lot 00007 BIN 3035332</td><td>CB No. 309</td></tr></table>		House No(s) 429	Street Name ROGERS AVE	Work Proposed on Floor No(s) 001, RF	Borough BROOKLYN	Block 01329 Lot 00007 BIN 3035332	CB No. 309														
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2	Requestor Information																				
Individuals Relationship to Job (example: applicant, owner filing representative) <table style="width: 100%;"><tr><td style="width: 33%;">Last Name OXLEY</td><td style="width: 33%;">First Name DAVID</td><td style="width: 33%;">Middle Initial</td></tr><tr><td colspan="2">Business Name DDG ARCHITECTURE, P.C.</td><td>Business Telephone (212) 457-1074</td></tr><tr><td colspan="2">Business Address 412 MALCOLM X BOULEVARD, FL 1</td><td>Business Fax (800) 672-6727</td></tr><tr><td>City NEW YORK</td><td>State NY Zip 10037</td><td>Mobile Telephone (917) 805-6357</td></tr><tr><td colspan="2">E-Mail DAVID@DESIGNDEVELOPMENTGROUP.COM</td><td>License Number 022285</td></tr></table>		Last Name OXLEY	First Name DAVID	Middle Initial	Business Name DDG ARCHITECTURE, P.C.		Business Telephone (212) 457-1074	Business Address 412 MALCOLM X BOULEVARD, FL 1		Business Fax (800) 672-6727	City NEW YORK	State NY Zip 10037	Mobile Telephone (917) 805-6357	E-Mail DAVID@DESIGNDEVELOPMENTGROUP.COM		License Number 022285					
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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>																				
RESPECTFULLY REQUEST FINAL LETTER OF COMPLETION																					
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 01/16/2019																					
Borough Commissioner's Office TCO Authorization <i>Do not write in this section.</i>																					
Comments:																					
<table style="width: 100%;"><tr><td style="width: 60%;">Authorized Name (please print)</td><td style="width: 20%; text-align: center;">☐ Approved</td><td style="width: 20%; text-align: center;">☐ Disapproved</td></tr><tr><td>Authorization Signature (if approved only)</td><td colspan="2">Date</td></tr></table>		Authorized Name (please print)	☐ Approved	☐ Disapproved	Authorization Signature (if approved only)	Date															
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Disapproval Reasons <i>Review request cannot be processed for the following reasons:</i>																					
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