



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

DEPT BLDGS Job No. 402894668
Scan Code ESHS8631018

1	Location Information	House No(s) 99-01 Street Name 34TH AVENUE Work Proposed on Floor No(s) CEL, ROF, 001-004		
		Borough Queens Block 1714 Lot 18 BIN 4042496 CB No. 403		
2	Requestor Information	Individuals Relationship to Job (example: applicant, owner filing representative) Last Name ORRIDGE/CLA/VON First Name SHAUNELLE/AL/ERIC Middle Initial Business Name DESIGN 2147 LTD Business Telephone (718) 383-9340 Business Address 52 DIAMOND STREET Business Fax City BROOKLYN State NY Zip 11222 Mobile Telephone E-Mail NORRIDGE@DESIGN2147.COM License Number 1118		
3	Type of Request <i>Choose one.</i>	☐ 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 REQUESTING RENEWAL OF TEMPORARY CERTIFICATE OF OCCUPANCY FOR PS 92Q FEE EXEMPT		
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 6/15/2020		
Borough Commissioner's Office TCO Authorization <i>Do not write in this section.</i>				
Comments: _____ _____ _____ _____ _____				
Authorized Name (please print)		☐ Approved ☐ Disapproved		
Authorization Signature (if approved only)		Date		
Disapproval Reasons <i>Review request cannot be processed for the following reasons:</i>				
☐ 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: _____				