



PW-7: Certificate of Occupancy /
Letter of Completion Folder
Review Request

Must be typewritten.



1 Location Information

House No(s) 64-56

Street Name Booth Street

Work Proposed on Floor No(s) 001

Borough Queens

Block 3097

Lot 18

BIN 4072537

CB No. 406

2 Requestor Information

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

Last Name Compton

First Name Christopher

Middle Initial

Business Name HH Building Consulting & Architecture, P.C.

Business Telephone 212-233-3630

Business Address 51 Hudson Street

Business Fax 212-233-3632

City New York

State NY

Zip 10013

Mobile Telephone

E-Mail jhulme@hhbuildingconsultants.com

License Number 014908

3 Type of Request Choose one.

- ☒ Letter of Completion (Directive 14 or Non-Directive 14)
- ☐ TCO - Temporary Certificate of Occupancy (Borough Commissioner's Office approval may be required. All requirements must be fulfilled before a TCO will be issued)
- ☐ 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)
- ☐ Final Certificate of Occupancy

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 is punishable by a fine or imprisonment, or both, if 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 Christopher Compton

Date 04/23/10

Borough Commissioner's Office TCO Authorization Do not write in this section.

Comments:

Authorized Name (please print)

☐ Approved

☐ Disapproved

Authorized 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: _____