



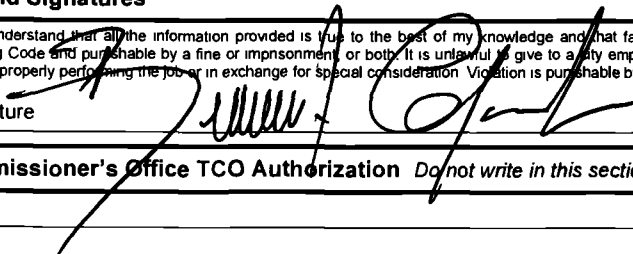
PW7: Certificate of Occupancy /
Letter of Completion Folder
Review Request

Must be typewritten

DEPT BLDGS Job No. 420231190



Scan Code ESHS6108052

1	Location Information
House No(s) 20-30 Street Name 49 street Work Proposed on Floor No(s) bas, 001,002, attic	
Borough QUEENS Block 762 Lot 342 BIN 4537956 CB No. 401	
2	Requestor Information
Individuals Relationship to Job (example: applicant, owner filing representative)	
Last Name GAMBA First Name BERNARDO Middle Initial	
Business Name EXPERTDESIGNERS & CONSULTING Business Telephone 718 380-2695	
Business Address 77-15 164 STREET, SUITE 201 Business Fax	
City FRESH MEADOWS State NY Zip 11366 Mobile Telephone 917 463-7241	
E-Mail expertdesign77@gmail.com License Number 050090	
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 05-02/2016	
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: _____	