



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

*Must be typewritten*

DEPT BLDGS Job No. 420471153



Scan Code ESHS3557259

**1 Location Information**

House No(s) 46-30

Street Name 54th Road

Work Proposed on Floor No(s)

Borough Queens

Block 02546

Lot 00024

BIN 4441134

CB No. 402

**2 Requestor Information**

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

Last Name Guachichulca

First Name Hernan

Middle Initial

Business Name Milrose Consultants, Inc.

Business Telephone (516) 939-2633

Business Address 66 West Barclay Street

Business Fax (516) 939-2326

City Hicksville

State NY

Zip 11801

Mobile Telephone (917) 748-0722

E-Mail hguachichulca@milrose.com

License Number 001233

**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.*

LOC

**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 10/12/2016

**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: \_\_\_\_\_