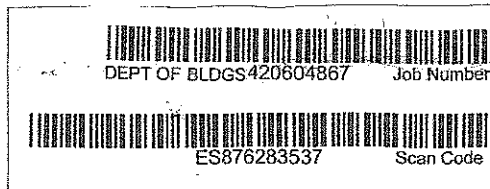




**PW7: Certificate of Occupancy /
Letter of Completion Folder
Review Request**
Must be typewritten.



1 Location Information

House No(s) 8776 Street Name 126 Street Work Proposed on Floor No(s) Roof
Borough Queens Block 09334 Lot 00045 BIN 4196154 CB No. 409

2 Requestor Information

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

Last Name Zhu First Name Jie Middle Initial
Business Name JAY ZHU ENGINEERING DESIGN PC Business Telephone (347)822-8295
Business Address 163-10 NORTHERN BLVD, 305 Business Fax
City FLUSHING State NY Zip 11358 Mobile Telephone
E-Mail JAYCHU-ENGINEER@HOTMAIL.COM License Number 089565

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 AI-1" here and submit a completed AI-1 form with this request.

This letter is to confirm that I have completed the review and inspected all required inspection for the solar PV system at the above location

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. 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

1/31/2013

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: _____