

SH



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

DEPT BLDGS Job No. 420782727
Scan Code ESHS1404315

1 Location Information

House No(s) 138-20	Street Name 31 Road	Work Proposed on Floor No(s) OSP
Borough Queens	Block 4374 Lot 35	BIN 4433328 CB No. 407

2 Requestor Information

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

Last Name Batista	First Name Charlie	Middle Initial A
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 Charlie@hhbuildingconsultants.com	License Number 3008	

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 Charlie Batista Date 7/11/16

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 |
| ☐ Missing Required item(s): _____ | ☐ TR-1 Error(s): _____ | ☐ Other: _____ | |
| ☐ Form(s) missing/incomplete: Form(s) _____ | Section(s)/Reason(s) _____ | | |
| ☐ Other: _____ | | | |