



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

Orient and affix BIS
job number label here

1	Location Information				
House No(s) 154-20		Street Name 107 AVENUE		Work Proposed on Floor No(s) osp, cel,001,002,003	
Borough Queens		Block 10133	Lot 36	BIN 4618061	CB No. 412
2	Requestor Information				
Individuals Relationship to Job (example: applicant, owner filing representative)					
Last Name PASHA/PASHA		First Name ZOREEN/NAZIMUL		Middle Initial	
Business Name JRS CONSTRUCTION & EXP SERVICES INC.				Business Telephone (718) 598-8300	
Business Address 132-06 ROCKAWAY BOULEVARD				Business Fax	
City QUEENS		State NY	Zip 11420	Mobile Telephone	
E-Mail SATRO5@YAHOO.COM				License Number 3610	
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 <i>If additional space is required, write "see A1-1" here and submit a completed A1-1 form with this request.</i>				
RESPECTFULLY REQUESTING C OF O FOR THE ABOVE APPLICATION					
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
Borough Commissioner's Office TCO Authorization <i>Do not write in this section.</i>					
Comments:					
Authorized Name (please print)				☐ Approved	☐ Disapproved
Authorization Signature (if approved only)				Date	
Disapproval Reasons <i>Review request cannot be processed for the following reasons:</i>					
☐ 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: _____					