



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

DEPT BLDGS Job No. 420881549
Scan Code ESHS5250669

1	Location Information
House No(s) 151-74 Street Name 19 AVE Work Proposed on Floor No(s) CEL,001,002	
Borough QUEENS Block 4706 Lot 42 BIN CB No.	

2	Requestor Information
Individuals Relationship to Job (example: applicant, owner filing representative)	
Last Name CHEN First Name JOHN Middle Initial C	
Business Name JOHN C CHEN ARCHITECT, PLLC Business Telephone 718-460-1345	
Business Address 41-22 FULLER PLACE, 3RD FLOOR Business Fax 718-460-1485	
City FLUSHING State NY Zip 11354 Mobile Telephone	
E-Mail JCCAR05@YAHOO.COM License Number 026764	

3	Type of Request <i>Choose one.</i>
☐ 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>

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 § 28-124 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 9/3/2005	

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: _____	