



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



1 Location Information

House No(s) 110-15 Street Name 101 AVE Work Proposed on Floor No(s) 001
Borough QUEENS Block 9412 Lot 45 BIN 4197953 CB No. 409

2 Requestor Information

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

Last Name LIU/ZHU First Name WEI/JIACHEN Middle Initial
Business Name NY FIRE LLC. Business Telephone 718-888-2999
Business Address 40-50 192 ST Business Fax 718-888-2422
City FLUSHING State NY Zip 11358 Mobile Telephone
E-Mail NYBFS@HOTMAIL.COM License Number 4932

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.

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

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: _____