



PW7: Certificate of Occupancy /
Letter of Completion Folder
Review Request

Must be typewritten

DEPT BLDGS Job No. 421051122



Scan Code ESHS9525088

1 Location Information

House No(s) 97-30

Street Name Queens Blvd

Work Proposed on Floor No(s) CEL 001 thru 004

Borough Queens

Block 3084

Lot 14

BIN 4072142

CB No 406

2 Requestor Information

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

Last Name Jean-Francois

First Name Carmelle

Middle Initial

Business Name ACE-NYC Zoning and Code Consultants

Business Telephone (718) 274-0672

Business Address 27-11 Astoria Boulevard

Business Fax (718) 274-0673

City Astoria

State NY

Zip 11418

Mobile Telephone (718) 810-6786

E-Mail email@ace-nyc.com

License Number 003539

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 § 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 1/22/18

Borough Commissioner's Office TCO Authorization Do not write in this section.

Comments:

temp C/O for 90 days

Authorized Name (please print)

B. C. [Signature]

☒ Approved

☐ Disapproved

Authorization Signature (if approved only)

B. C. [Signature]

Date

1-22-18

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:

DH