



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

DEPT BLDGS Job No. 421168319



Scan Code ESHS5973923

1	Location Information																		
<table style="width: 100%;"><tr><td style="width: 25%;">House No(s) 52-29</td><td style="width: 25%;">Street Name 84 Street</td><td colspan="2" style="width: 50%;">Work Proposed on Floor No(s) CEL,OSP 01 thru 03</td></tr><tr><td>Borough Queens</td><td>Block 2891</td><td>Lot 139</td><td>BIN CB No. 404</td></tr></table>		House No(s) 52-29	Street Name 84 Street	Work Proposed on Floor No(s) CEL,OSP 01 thru 03		Borough Queens	Block 2891	Lot 139	BIN CB No. 404										
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Borough Queens	Block 2891	Lot 139	BIN CB No. 404																
2	Requestor Information																		
Individuals Relationship to Job (example: applicant, owner filing representative)																			
<table style="width: 100%;"><tr><td style="width: 33%;">Last Name Friedman</td><td style="width: 33%;">First Name Dave</td><td style="width: 34%;">Middle Initial</td></tr><tr><td>Business Name Hallux Realty LLC</td><td colspan="2">Business Telephone (718) 446-1300</td></tr><tr><td>Business Address 76-26 Broadway</td><td colspan="2">Business Fax (718) 457-2152</td></tr><tr><td>City Elmhurst</td><td>State NY</td><td>Zip 11373</td></tr><tr><td colspan="2">E-Mail C21bestinc@aol.com</td><td>Mobile Telephone</td></tr><tr><td colspan="2"></td><td>License Number</td></tr></table>		Last Name Friedman	First Name Dave	Middle Initial	Business Name Hallux Realty LLC	Business Telephone (718) 446-1300		Business Address 76-26 Broadway	Business Fax (718) 457-2152		City Elmhurst	State NY	Zip 11373	E-Mail C21bestinc@aol.com		Mobile Telephone			License Number
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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 § 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.																			
<table style="width: 100%;"><tr><td style="width: 70%;">Requestor Signature </td><td style="width: 30%;">Date 4.18.2016</td></tr></table>		Requestor Signature	Date 4.18.2016																
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Borough Commissioner's Office TCO Authorization <i>Do not write in this section.</i>																			
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<table style="width: 100%;"><tr><td style="width: 60%;">Authorized Name (please print)</td><td style="width: 20%; text-align: center;">☐ Approved</td><td style="width: 20%; text-align: center;">☐ Disapproved</td></tr><tr><td>Authorization Signature (if approved only)</td><td colspan="2" style="text-align: center;">Date</td></tr></table>		Authorized Name (please print)	☐ Approved	☐ Disapproved	Authorization Signature (if approved only)	Date													
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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: _____																			