



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

Must be typewritten

DEPT BLDGS Job No. 421224062



Scan Code ESHS0250435

1 Location Information

House No(s) 94-66

Street Name 45 AVENUE

Work Proposed on Floor No(s) CEL,001,002,003,004

Borough QUEENS

Block 1602

Lot 36

BIN 4607822

CB No 404

2 Requestor Information

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

Last Name MA

First Name AN

Middle Initial S

Business Name AN SHEN MA ARCHITECT

Business Telephone (718) 321-3856

Business Address 133-48 37 AVE, 2ND FL

Business Fax (718) 321-8668

City FLUSHING

State NY

Zip 11354

Mobile Telephone

E-Mail asmarchitect@hotmail.com

License Number A10582

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 § 26-124 of the NYC Administrative Building Code and punishable by a fine of 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 4/16/18

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

Comments

Authorized Name (please print)

☐ Approved

☐ Disapproved

Authorization 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:

4/19/18 Concrete fee not paid - ur