



# Certificate of Occupancy/Letter of Completion Folder Review Request

(Must be typewritten)

## 1 LOCATION INFORMATION

House No(s) 47-25 Street Name BOWNE STREET Work Proposed on Floor No(s) 01  
Borough QUEENS Block 5219 Lot 24 BIN 4117933 CB No. 407

## 2 REQUESTOR INFORMATION

Individuals Relationship to Job (Example: Applicant, Owner Filing Representative)

Last Name LUI First Name EDWARD Middle Initial C

Business Name EDWARD LUI ARCHITECT, PLLC Business Telephone (718) 229-8288

Business Address 56-21 MARATHON PARKWAY

Business Fax

City LITTLE NECK State NY Zip 11362

Mobile Telephone

E-Mail AR\_259@YAHOO.COM

License Number 026028

## 3 TYPE OF REQUEST (Choose one)

- ☐ Letter of Completion (Directive 14 or Non-Directive 14)
- ☐ TCO - Temporary Certificate of Occupancy. Must complete the TCO Worksheet on pages 2 and 3 of the PW7. All applicable requirements checked on TCO Worksheet must be fulfilled before a TCO will be issued. (Borough Commissioner's Office approval is required).
- ☐ TCO - Temporary Certificate of Occupancy with Change. Must complete the TCO Worksheet on pages 2 and 3 of the PW7. All applicable requirements checked on TCO Worksheet must be fulfilled before a TCO will be issued. (Borough Commissioner's Office approval is required).
- ☐ Renewal of TCO - Temporary Certificate of Occupancy. All applicable requirements must be fulfilled before a TCO is issued. (Borough Commissioner's Office approval may be required) 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)

Respectfully request to receive (2)TR1s for plumbing signoff. Thank you.

## 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.

Requestor Signature

Date 12-28-2020

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: \_\_\_\_\_

# TCO Worksheet

page 2

|                                                                                                                                                                                                |                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| Application No.                                                                                                                                                                                | Application Type: |
| Address:                                                                                                                                                                                       | BIN:              |
| No. of Floors:                                                                                                                                                                                 | Use:              |
| Complete this worksheet <b>ONLY</b> for a TCO-Initial or TCO-Renewal with Change (select one): <input type="checkbox"/> TCO-Initial <b>OR</b> <input type="checkbox"/> TCO Renewal with Change |                   |

If *submit a copy* is indicated, copies of the documents must be assembled as a single submission package and uploaded in eFiling as **one document**, selecting Document Name **TCO - Supporting Documents**.

|                                                                   |                |
|-------------------------------------------------------------------|----------------|
| <input type="checkbox"/> <b>TCO-Supporting Documents</b> attached | Date uploaded: |
|-------------------------------------------------------------------|----------------|

The below Inspection signoffs/TRs are required for ALL applications.

| A. Required Items                                             |                                                                                                                                                                                                                                                                                               | B. Required for initial TCO                                                                                        | C. Enter required information |
|---------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-------------------------------|
| <b>Inspections</b>                                            |                                                                                                                                                                                                                                                                                               |                                                                                                                    |                               |
| Final/Temp. Const. signoff                                    | <input type="checkbox"/> Inspection signoff is entered in <b>Required Items</b> .<br>(must be within 18 months of the request date)                                                                                                                                                           |                                                                                                                    | Date of last action:          |
| Final/Temp. Plumbing signoff                                  | <input type="checkbox"/> Inspection signoff is entered in <b>Required Items</b>                                                                                                                                                                                                               |                                                                                                                    | Date of last action:          |
| Final/Temp. Elevator signoff                                  | <input type="checkbox"/> Inspection signoff is entered in <b>Required Items</b><br>(No CAT-5 violations received after signoff)                                                                                                                                                               |                                                                                                                    | Date of last action:          |
| <b>Technical Inspection Report Requirements</b>               |                                                                                                                                                                                                                                                                                               |                                                                                                                    |                               |
| TR(s) for Special/Progress Inspections                        | <input type="checkbox"/> TR(s) received in <b>Required Items</b> ;<br><b>OR</b> (Phased projects only):<br><input type="checkbox"/> Partial TR(s) or temporary deferral of TR(s) request, signed and sealed by a Registered Design Professional <b>AND</b> approved by BC/DBC (submit a copy) | <input type="checkbox"/> Partial TR(s) submitted<br><input type="checkbox"/> Copy submitted<br><br>Date of action: |                               |
| Related Boiler/Water Heater/Emergency Generators/Fuel Storage | <input type="checkbox"/> <b>Signed off</b> ; <b>OR</b><br><input type="checkbox"/> TR(s) received in <b>Required Items</b> ;                                                                                                                                                                  | Date of last action:<br>Application No(s):                                                                         |                               |

The below requirements are project specific.

Indicate **Y** (Yes) or **N** (No) for each applicable requirement in Column A. This field cannot be left empty.

If **Y** is indicated, you must **check the applicable item in Column C**.

If the selected item in Column C indicates *submit a copy*, it must be included in the *TCO-Supporting Documents* package.

| A. Y/N                             | B. Required Items               | C. Required for initial TCO                                                                                                                                                                                                                                                                                                                                                                                                               | D. Enter required information                                                 |
|------------------------------------|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <b>Fire Safety Systems</b>         |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                               |
|                                    | Fire Protection Plan (FPP)      | <input type="checkbox"/> FDNY Letter of Approval (LOA) (submit a copy); <b>OR</b><br><input type="checkbox"/> Receipt from FDNY that FPP has been filed <b>AND</b> Temporary Waiver Letter request, signed and sealed by a Registered Design Professional <b>AND</b> approved by BC/DBC (submit a copy)                                                                                                                                   | <input type="checkbox"/> Copy submitted<br>Date of action:                    |
|                                    | Fire Alarm (FA)                 | <input type="checkbox"/> <b>Signed off</b> , <b>OR</b><br><input type="checkbox"/> FDNY Letter of Approval (LOA) (submit a copy), <b>OR</b><br><input type="checkbox"/> FDNY Letter of Recommendation (LOR) (submit a copy), <b>OR</b><br><input type="checkbox"/> FDNY Letter of Defect (LOD) <b>AND</b> an Affidavit of Correction, signed and sealed by a Registered Design Professional <b>AND</b> approved by BC/DBC (submit a copy) | <input type="checkbox"/> Copy submitted<br>Date of action:<br>Application No: |
|                                    | Fire Alarm FA-ARC)              | <input type="checkbox"/> <b>Signed off</b> , <b>OR</b><br><input type="checkbox"/> FDNY Letter of Approval (LOA) (submit a copy), <b>OR</b><br><input type="checkbox"/> FDNY Letter of Recommendation (LOR) (submit a copy), <b>OR</b><br><input type="checkbox"/> FDNY Letter of Defect (LOD) <b>AND</b> an Affidavit of Correction, signed and sealed by a Registered Design Professional <b>AND</b> approved by BC/DBC (submit a copy) | <input type="checkbox"/> Copy submitted<br>Date of action:<br>Application No: |
|                                    | Fire Suppression (FS) system(s) | <input type="checkbox"/> <b>Signed off</b> , <b>OR</b><br><input type="checkbox"/> FDNY Letter of Approval (LOA) (submit a copy)                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Copy submitted<br>Date of action:<br>Application No: |
|                                    | CO/Smoke Detector               | <input type="checkbox"/> Received in <b>Required Items</b> ; <b>OR</b><br><input type="checkbox"/> Affidavit of Installation and testing, signed and sealed by a licensed electrician (submit a copy)                                                                                                                                                                                                                                     | <input type="checkbox"/> Copy submitted<br>Date of action:<br>Application No: |
| <b>Administrative Requirements</b> |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                               |
|                                    | Builders Pavement Plan (BPP)    | <input type="checkbox"/> <b>Signed off</b> , <b>OR</b><br><input type="checkbox"/> <b>Permitted</b> status <b>AND</b> DOB inspection report (submit a copy); <b>OR</b><br><input type="checkbox"/> <b>Permitted</b> status <b>AND</b> Affidavit with photos, signed and sealed by a Registered Design Professional (submit a copy)                                                                                                        | <input type="checkbox"/> Copy submitted<br>Date of action:<br>Application No: |
|                                    | Place of Assembly (PA)          | <input type="checkbox"/> Inspection status <b>Final-Passed</b><br>Until a PA has passed the inspection, occupancy may be restricted to 74 persons                                                                                                                                                                                                                                                                                         | Date of action:<br>Application No:                                            |

| A. Y/N                                                                                                                                      | B. Required Items                                              | C. Required for initial TCO                                                                                                                                                                                                                                                | D. Enter required information                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <b>Administrative Requirements</b> (continued)                                                                                              |                                                                |                                                                                                                                                                                                                                                                            |                                                                               |
|                                                                                                                                             | Equipment Use Permit(s) (EUP) (aka Certificates of Compliance) | <input type="checkbox"/> Received in <b>Required items</b> ; <b>OR</b> (Phased projects only):<br><input type="checkbox"/> Affidavit signed and sealed by a Registered Design Professional that the space(s) are adequately heated and ventilated ( <i>submit a copy</i> ) | <input type="checkbox"/> Copy submitted<br>Date of action:<br>Application No: |
| <b>Violations:</b>                                                                                                                          |                                                                |                                                                                                                                                                                                                                                                            |                                                                               |
|                                                                                                                                             | DOB Civil Penalties Payment                                    | <input type="checkbox"/> Civil Penalties must be paid prior to TCO                                                                                                                                                                                                         |                                                                               |
|                                                                                                                                             | Local Law violations <sup>1</sup>                              | <input type="checkbox"/> Plan of action and a timeline for correcting the violation(s), signed and sealed by a Registered Design Professional. Plan of action is subject to technical review and approval by BC/DBC/PA ( <i>submit a copy</i> )                            | <input type="checkbox"/> Copy submitted                                       |
| <sup>1</sup> violations that directly affect the spaces covered by the application or compromise life-safety systems of the entire building |                                                                |                                                                                                                                                                                                                                                                            |                                                                               |

| <b>Other City/State Agencies Requirements:</b>                                                                                                                             |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                       |                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
|                                                                                                                                                                            | <b>Loft Board</b><br>Loft Board Certifications                                                     | <input type="checkbox"/> Received in <b>Required Items</b> : Loft Board Certificate (LBC), <b>OR</b><br><input type="checkbox"/> Received in <b>Required Items</b> : Loft Board Letter of No Objection (LONO)                                                                                                                                         | Date of last action:                                       |
|                                                                                                                                                                            | <b>Department of Environmental Protection (DEP)</b> :<br>Little E/OER Notice of Satisfaction       | <input type="checkbox"/> Received in <b>Required items</b> : DEP Notice of Satisfaction                                                                                                                                                                                                                                                               | Date of last action:                                       |
|                                                                                                                                                                            | <b>Landmarks Preservation Commission (LPC)</b><br>Certificates                                     | <input type="checkbox"/> Received in <b>Required Items</b> : Certificate of 'No Effect' (CNE), <b>OR</b><br><input type="checkbox"/> 'Certificate of Appropriateness' (COA) <b>AND</b> demonstrate that COA requirements are satisfied - if inspection and sign-off by LPC are required, they must be completed prior to TCO ( <i>submit a copy</i> ) | <input type="checkbox"/> Copy submitted<br>Date of action: |
|                                                                                                                                                                            | <b>Design Commission</b><br>City owned property Design Commission Approval                         | <input type="checkbox"/> Received in <b>Required Items</b> : Design Commission Certificate of Approval (COA)                                                                                                                                                                                                                                          | Date of last action:                                       |
|                                                                                                                                                                            | <b>HPD</b> :<br>Special Districts <sup>2</sup><br>Certificate of No Harassment                     | <input type="checkbox"/> Received in <b>Required Items</b> : HPD #Special District# Certificate of No Harassment (CONH) (aka Anti-Harassment checklist)                                                                                                                                                                                               | Date of last action:                                       |
|                                                                                                                                                                            | <b>HPD</b> :<br>Special Districts <sup>2</sup><br>(HY, GD, WCh only)<br>Certificate of "No Effect" | <input type="checkbox"/> Received in <b>Required Items</b> : HPD Certificate of 'No Effect' (CONE)<br><b>OR</b><br><input type="checkbox"/> Received in <b>Required Items</b> : Cure Agreement                                                                                                                                                        | Date of last action:                                       |
| <sup>2</sup> #Special Districts#: MN – Clinton District (CD), Garment District (GD), Hudson Yards (HY), West Chelsea (WCh); BK – Greenpoint – Williamsburg (GpW)           |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                       |                                                            |
|                                                                                                                                                                            | <b>HPD</b> :<br>SRO MD<br>Certificate of No Harassment                                             | <input type="checkbox"/> Received in <b>Required Items</b> : HPD SRO MD Certificate of No Harassment (aka Anti-Harassment checklist)<br>HPD SRO MD CONH is valid only for <b>36 months</b>                                                                                                                                                            | Date of last action:                                       |
|                                                                                                                                                                            | <b>HPD</b> :<br>Completion Notice                                                                  | <input type="checkbox"/> Received in <b>Required Items</b> : Completion Notice<br><input type="checkbox"/> <b>If partial TCO requested</b> : proof of passed inspection for all affordable units on each story for which Partial TCO is requested ( <i>submit a copy</i> )                                                                            | <input type="checkbox"/> Copy submitted<br>Date of action: |
|                                                                                                                                                                            | <b>CPC</b> : POPS                                                                                  | <input type="checkbox"/> Received in <b>Required Items</b> : CPC Letter of Approval (LOA) ( <i>submit a copy</i> ), <b>AND</b> (if applicable)<br><input type="checkbox"/> <b>Listed in Section 9 of PW1</b> : CRFN No. for any documents recorded against property                                                                                   | <input type="checkbox"/> Copy submitted<br>Date of action: |
|                                                                                                                                                                            | <b>CPC</b> :<br>Special Permits <sup>3</sup>                                                       |                                                                                                                                                                                                                                                                                                                                                       |                                                            |
|                                                                                                                                                                            | <b>CPC</b> : ULURP                                                                                 |                                                                                                                                                                                                                                                                                                                                                       |                                                            |
| <sup>3</sup> Special permits are decided on a case-by-case basis and will have individual requirements. Generally, CPC LOA is issued, but other documents may be required. |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                       |                                                            |
|                                                                                                                                                                            | <b>BSA</b> : Variance                                                                              | <input type="checkbox"/> Received in <b>Required Items</b> : BSA Variance; <b>AND</b> (if applicable)<br><input type="checkbox"/> <b>Listed in Section 9 of PW1</b> : BSA Calendar No. / Zoning Exhibit CRFN No.<br><input type="checkbox"/> <b>Recorded on Schedule A</b> : (when required) BSA Calendar No. and Special Permit conditions           | <input type="checkbox"/> Copy submitted<br>Date of action: |