NYC Buildings

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

Must be typewritten

DEPT BLDGS Job No. 421345422
Scan Code ESHS1392081

1 Location Information

House No(s) 225-03 | Street Name MERRICK BLVD | Work Proposed on Floor No(s) CEL, ROF

Borough QUEENS | Block 12964 | Lot 19 | BIN 4828898 | CB No. 413

2 Requestor Information

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

Last Name CHEN/YE | First Name SI/TING | Middle Initial

Business Name INDESIGN STUDIO INC. | Business Telephone (718)415-4166

Business Address 43-39 MAIN STREET, SUITE 202 | Business Fax (718)228-2540

City FLUSHING | State NY | Zip 11355 | Mobile Telephone

E-Mail INFO@INDESIGN-STUDIO.COM | License Number 4361

3 Type of Request *Choose one*

- [x] 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 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 7/2/17

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: _____