



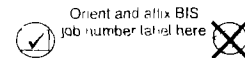
PW7: Certificate of Occupancy /
Letter of Completion Folder
Review Request

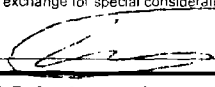
Must be typewritten

DEPT BLDGS Job No. 421371303



Scan Code ESHS0017956



1 Location Information
House No(s) 77-02 Street Name 30 AVENUE Work Proposed on Floor No(s) 001 003 OSP
Borough QUEENS Block 1126 Lot 1 BIN 4024903 CB No. 403
2 Requestor Information
Individuals Relationship to Job (example: applicant, owner filing representative)
Last Name CHEN First Name KENNETH Middle Initial Q
Business Name KENNETH CHEN P.E. Business Telephone 718-331-8899
Business Address 2324 EAST 17TH STREET Business Fax 718-331-8896
City BROOKLYN State NY Zip 11229 Mobile Telephone 917-560-8051
E-Mail HIGHQUALITYCON@HOTMAIL.COM License Number 085507
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 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, a fine, or both.
Requestor Signature  Date 6/19/17
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 _____