



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

Must be typewritten

DEPT BLDGS Job No. 421378681



Scan Code ESHS8125497

1 Location Information

House No(s) 84-22

Street Name 247 STREET

Work Proposed on Floor No(s)

Borough QUEENS

Block 8600

Lot 78

BIN 4614826

CB No. 413

2 Requestor Information

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

Last Name CASTILLO

First Name MARCO

Middle Initial

Business Name ARCASTLE INC.

Business Telephone (646) 739-9586

Business Address 35 UNDERHILL AVENUE

Business Fax

City HICKSVILLE

State NY

Zip 11801

Mobile Telephone

E-Mail ARCASTLEINC@GMAIL.COM

License Number 002929

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 or fine, or both.

Requestor Signature

Date

1/22/2020

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

Comments:

Take 7 items in the prior examiner desk

Authorized Name (please print)

☐ Approved

☐ Disapproved

Authorization Signature (if approved only)

Date

1 - 27 - 2

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: _____