



PW7: Certificate of Occupancy /
Letter of Completion Folder
Review Request
Must be typewritten

DEPT BLDGS Job No. 421386994



Scan Code ESHS5450096

1 Location Information

House No(s) **63-30**

Street Name **137 STREET**

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

Borough **QUEENS**

Block **6395**

Lot **34**

BIN **4139916**

CB No **407**

2 Requestor Information

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

Last Name **LI**

First Name **LIWEN**

Middle Initial

Business Name **LC EXPEDITING SERVICE CORP**

Business Telephone

Business Address **35-12 FARRINGTON ST SUITE 2B**

Business Fax

City **FLUSHING**

State **NY**

Zip **11354**

Mobile Telephone **(646) 210-9351**

E-Mail **LIWENLI920@HOTMAIL.COM**

License Number **004541**

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 other than as a gratuity for properly performing the job or in exchange for special consideration. Violations are punishable by imprisonment or fine or both.

Requestor Signature

Date

3/5/2018

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: _____

3/7/18 Construction Inspection Report Required.

12/14

AM