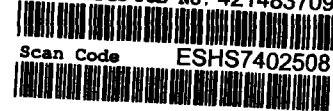




PW7: Certificate of Occupancy /
Letter of Completion Folder
Review Request

Must be typewritten

DEPT BLDGS Job No. 421483709



Myers

1 Location Information

House No(s) 34-09

Street Name 83 Street

Work Proposed on Floor No(s) cel,001-004

Borough Queens

Block 1444

Lot 1

BIN 4035514

CB No. 403

2 Requestor Information

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

Last Name Tartaglione R. A.

First Name Sal

Middle Initial V.

Business Name Sal V. Tartaglione, Architect, P.C.

Business Telephone 718-848-1500

Business Address 159-49 Crossbay Blvd

Business Fax 718-843-1237

City Howard Beach

State NY

Zip 11414

Mobile Telephone

E-Mail

License Number 22382

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 *Sal Tartaglione*

Date

9/13/18

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) *Landmarks* Section(s)/Reason(s) _____
- ☐ Other: *Signoff CTR*

job sent to sep audit 9-19-18

12/14

DH