



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

DEPT BLDGS Job No. 421490899
Scan Code ESHS5233340

1	Location Information
House No(s) 160-18 Street Name 121 Avenue Work Proposed on Floor No(s) C,1,2, Attic	
Borough Queens Block 12251 Lot 16 BIN 4442279 CB No. 412	

2	Requestor Information
Individuals Relationship to Job (example: applicant, owner filing representative)	
Last Name Reed First Name Brenda Middle Initial	
Business Name Vassalotti Associates Architects Business Telephone 516-326-5353	
Business Address 66 Powerhouse Road Business Fax 516-326-5355	
City Roslyn Htgs State NY Zip 11577 Mobile Telephone	
E-Mail Brenda@vassalotti.com License Number 004495	

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 1/29/18	

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) _____ Section(s)/Reason(s) _____	
☐ Other: _____	

PW7 not Required until S/O.
1/30/18