



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

Must be typewritten

DEPT BLDGS Job No. 421647999

Scan Code ESHS1553002

1	Location Information
House No(s) <u>67-06</u> Street Name <u>164TH STREET</u> Work Proposed on Floor No(s) <u>FACADE</u> Borough <u>Queens</u> Block <u>6792</u> Lot <u>600</u> BIN <u>4455444</u> CB No. <u>408</u>	
2	Requestor Information
Individuals Relationship to Job (example: applicant, owner filing representative) <u>Applicant</u> Last Name <u>VOTO</u> First Name <u>MASSIMILIANO</u> Middle Initial _____ Business Name <u>THORNTON TOMASETTI INC.</u> Business Telephone <u>(917) 661-7800</u> Business Address <u>51 MADISON AVENUE 18TH FLOOR</u> Business Fax <u>(917) 661-7801</u> City <u>NEW YORK</u> State <u>NY</u> Zip <u>10010</u> Mobile Telephone <u>(917) 623-9599</u> E-Mail <u>MVOTO@THORNTONTOMASETTI.COM</u> License Number <u>089693</u>	
3	Type of Request <i>Choose one.</i>
☒ 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 <i>If additional space is required, write "see A1-1" here and submit a completed A1-1 form with this request.</i>
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 <u>M. Voto</u> Date <u>01/24/2020</u>	
Borough Commissioner's Office TCO Authorization <i>Do not write in this section.</i>	
Comments: <u>SCD</u>	
Authorized Name (please print) _____ ☐ Approved ☐ Disapproved Authorization Signature (if approved only) _____ Date _____	
Disapproval Reasons <i>Review request cannot be processed for the following reasons:</i>	
☐ 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: _____	