



**PW6: Certificate of Occupancy
Inspection Application**
Must be typewritten.



1 Location Information <i>Required for all applications.</i>				
House No(s) 144-15	Street Name BOULEVARD	Work Proposed on Floor No(s) CEL,01,02		
Borough QUEENS	Block 4439	Lot 46	BIN 4101252	CB No. 407

2 Filing Representative				
Last Name TORRES /ORLOFSKY		First Name RUBEN/ ZACHARY		Middle Initial
Business Name FRANK PETRUSO ARCHITECT , PC			Business Telephone 516-498-9080	
Business Address 107 NORTHERN BLVD, SUITE 411			Business Fax 516-498-9079	
City GREAT NECK	State NY	Zip 11021	Mobile Telephone	
E-Mail FRANKPETRUSORA@AOL.COM			Registration Number 7792/6361	

3 Related Jobs <i>Required for all applications.</i>				
Electrical: I hereby state that electrical work has been performed in conjunction with this job/application. ☒ Yes ☐ No <i>If yes, please provide electrical control number(s) below:</i> Q00204650				
Plumbing/Boiler: I hereby state that plumbing work, including house connection, septic and/or boiler work has been performed (under separate job number(s)) in conjunction with this job/application. ☐ Yes ☒ No <i>If yes, provide BIS job number(s) below:</i>				
Elevator: I hereby state that elevator work has been performed (under separate job number(s)) in conjunction with this job/application. ☐ Yes ☒ No <i>If yes, provide BIS job number(s) below:</i>				
Other (demolition, sign, fence, etc.): I hereby state that other work has been performed (under separate job number(s)) in conjunction with this job/application. ☐ Yes ☒ No <i>If yes, provide BIS job number(s) below:</i>				

4 Verification of NB/Alt-1 Job Filing Data <i>Required for all applications.</i>				
I hereby state that all job filing data (i. e. address, block, lot, Schedule A, etc.) is accurate in the Building Information System (BIS). I am aware that this data will appear on the Certificate of Occupancy: ☒ Yes ☐ No To review job data, please refer to the CP Preview Page on BISWeb.				

5 Sustainability: Required for All New Buildings

Reflectance: Per 28-101.4.3, item 11 and BC 1504.8, many new buildings and alterations require roofs and setbacks to have a certain level of reflectance. If applicable, please indicate the number of square feet and percentage of the roof that is reflective: _____ ; _____ %

If the roof and/or setbacks are exempt from reflectance requirements, please indicate why: Roof Slope is greater than

3/12

6 Statement of Compliance

Knowing falsification of any statement is a misdemeanor under 28-201.2.1 and 28-203.1 of the Administrative Code and is 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. I hereby state that I am the:

- ☐ Registered Architect
☐ Professional Engineer
☒ Construction Superintendent

that supervised the construction work. I further state that I have examined the approved plans and specifications of the structure herein referred to of which a Certificate of Occupancy is sought. To the best of my knowledge and belief the building has been erected or altered in accordance with the approved plans and specifications and any amendments thereto, and all materials and methods of construction utilized during the course of construction have been in accordance with applicable standards and code requirements. As erected or altered, the building complies with the provisions of the building code and all other applicable laws and regulations, except insofar as variations or variances therefrom have been legally permitted or authorized.

I hereby state that all of the above information is complete and correct to the best of my knowledge.

Name (please print)

VINCENT MAIMONE

Signature

Date

P.E. / R.A. Seal (apply seal, then sign and date over seal)

7 Notarization Required only for Construction Superintendents.

State of New York, County of Nassau

Sworn to before me this 11 day of May 2021

Signature

Donna E Smith

Notary Seal

DONNA E SMITH

Notary Public for the State of New York
 No. 01SM6226684
 Qualified in Nassau County
 My Comm. Expires August 16, 2022

Administrative Use Only Do Not Write In Section Below

- ☐ CO Inspection Application rejected for the following reasons and cannot be processed until the issues are resolved.
- ☐ Invalid form: revised PW-6 form must be dated 4/11
- ☐ No permits have been issued for this job number
- ☐ Job number incorrect/invalid
- ☐ Form incomplete: Section(s) _____
- ☐ Electrical Control Number(s) missing (required for NB filings)
- ☐ P.E./R.A. seal missing
- ☐ Notarization by Superintendent of Construction missing
- ☐ Copy of most recent approved spec sheet required (for pre-BIS jobs only)
- ☐ Other: _____