



PW7: Certificate of Occupancy  
Letter of Completion Folder  
Review Request

Must be typewritten.



**1 Location Information**

House No(s) 143-34 Street Name 97 AVENUE Work Proposed on Floor No(s) side of bldg  
Borough Queens Block 10014 Lot 5 BIN 4214296 CB No. 412

**2 Requestor Information**

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

Last Name Alauddin First Name Mohammad Middle Initial  
Business Name MA Engineering Consultant P.C. Business Telephone 917-907-4231  
Business Address 738 E. 5th Street, #5G Business Fax  
City New York State NY Zip 10009 Mobile Telephone  
E-Mail ma@maengineeringpc.com License Number 083149

**3 Type of Request Choose one.**

- ☒ Letter of Completion (Directive 14 or Non-Directive 14)  
☐ TCO - Temporary Certificate of Occupancy (Borough Commissioner's Office approval may be required. All requirements must be fulfilled before a TCO will be issued)  
☐ 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)  
☐ Final Certificate of Occupancy

**4 Comments** If additional space is required, write "see AI-1" here and submit a completed AI-1 form with this request.

Respectfully request for signoff the above job

**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 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.

Requestor Signature

*[Signature]* 11/10/14

Date

**Borough Commissioner's Office TCO Authorization** Do not write in this section.

Comments:

Authorized Name (please print)

☐ Approved

☐ Disapproved

Authorized 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: \_\_\_\_\_