



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

Must be typewritten

DEPT BLDGS Job No. 440294771  
Scan Code ESHS2754256

1 Location Information

House No(s) 66-20 Street Name THORNTON PLACE Work Proposed on Floor No(s) CEL, ROF 001 - 004  
Borough Queens Block 3152 Lot 41 BIN 4437644 CB No. 406

2 Requestor Information

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

Last Name Weingarten/Friedman

First Name Yitzchok/Max

Middle Initial I

Business Name City Expediting Co LLC

Business Telephone (718) 633-1545

Business Address 4807 16th Avenue

Business Fax (718) 633-1546

City Brooklyn

State NY

Zip 11204

Mobile Telephone

E-Mail isaac@cityexpeditingco.com

License Number 003893

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

11/11/17

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: \_\_\_\_\_