

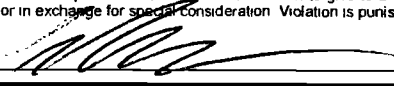


PW7: Certificate of Occupancy /
Letter of Completion Folder
Review Request
Must be typewritten

DEPT BLDGS Job No. 440343273



Scan Code ESHS0257821

1	Location Information
House No(s) 164-12 Street Name 75 ROAD Work Proposed on Floor No(s) 001	
Borough QUEENS Block 6967 Lot 5 BIN 4150791 CB No. 408	
2	Requestor Information
Individuals Relationship to Job (example: applicant, owner filing representative)	
Last Name CHEN/YE First Name SI/TING Middle Initial	
Business Name INDESIGN STUDIO INC. Business Telephone (718)415-4166	
Business Address 43-39 MAIN STREET, SUITE 202 Business Fax (718)228-2540	
City FLUSHING State NY Zip 11355 Mobile Telephone	
E-Mail INFO@INDESIGN-STUDIO.COM License Number 4361	
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  Date 12/18/16	
Borough Commissioner's Office TCO Authorization <i>Do not write in this section.</i>	
Comments:	
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: _____	

12/27/16 1) Rej Open TR1 item
2) submitted TR1 list heating systems;
item is not listed as open.