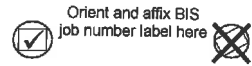




**PW7: Certificate of Occupancy /
Letter of Completion Folder
Review Request**
Must be typewritten



1	Location Information			
	House No(s) 109-65	Street Name 153 STREET	Work Proposed on Floor No(s) ROOF	
	Borough QUEENS	Block 12145	Lot 3	BIN 4263261 CB No. 412

2	Requestor Information			
	Individuals Relationship to Job (example: applicant, owner filing representative)			
	Last Name DUNZIK	First Name DANIEL	Middle Initial	
	Business Name N/A	Business Telephone 908-872-3664		Business Fax
	Business Address 370 BURNT HILL ROAD		Mobile Telephone	
	City SKILLMAN	State NJ	Zip 08558	License Number 039534
	E-Mail STUDIOGDESIGN@COMCAST.NET			

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 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 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 10/16/2018		

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: _____	