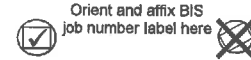




**PW7: Certificate of Occupancy /
Letter of Completion Folder
Review Request**
Must be typewritten



1	Location Information
House No(s) 130-10 Street Name 231 STREET Work Proposed on Floor No(s) ROOF Borough QUEENS Block 12909 Lot 62 BIN 4566759 CB No. 413	
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 Address 370 BURNT HILL ROAD Business Fax City SKILLMAN State NJ Zip 08558 Mobile Telephone E-Mail STUDIOGDESIGN@COMCAST.NET License Number 039534	
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 <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 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 06-04-2019	
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: _____	