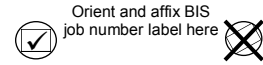




PW7: Certificate of Occupancy /  
Letter of Completion Folder  
Review Request

Must be typewritten



**1 Location Information**

House No(s) 216-41 Street Name 113th Drive Work Proposed on Floor No(s) Roof

Borough Queens Block 11232 Lot 44 BIN 4242104 CB No. 413

**2 Requestor Information**

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

Last Name Feng First Name Chun Middle Initial

Business Name Square Arch LLC Business Telephone (201) 638-5851

Business Address 17 Ronald Court Business Fax

City Ramsey State NJ Zip 07446 Mobile Telephone

E-Mail feng3000@verizon.net License Number 019517

**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 Chun Feng

Date 01/07/20

**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: \_\_\_\_\_