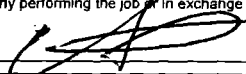




PW7: Certificate of Occupancy /
Letter of Completion Folder
Review Request

Must be typewritten

DEPT BLDGS Job No. 440557997
Scan Code ESHS5621189

1 Location Information
House No(s) 35-09 Street Name 191 STREET Work Proposed on Floor No(s) 001
Borough Queens Block 5306 Lot 18 BIN 4119994 CB No. 411
2 Requestor Information
Individuals Relationship to Job (example: applicant, owner filing representative)
Last Name ROTH/CAT/RAM/SAN/WIL First Name GREGG/TOM/ARM/DER Middle Initial
Business Name CROSS RIVER ZONING ASSOCIATES Business Telephone 908-351-2908
Business Address 219 SURREY ROAD Business Fax
City HILLSIDE State NJ Zip 07205 Mobile Telephone
E-Mail ARMANDOCROSSRIVER@GMAIL.COM License Number 6124
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 3/21/20
Borough Commissioner's Office TCO Authorization Do not write in this section
Comments: S/D
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: _____