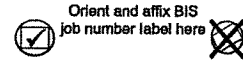




**PW7: Certificate of Occupancy /
Letter of Completion Folder
Review Request**

Must be typewritten



1	Location Information
House No(s) 115-09 Street Name 209 STREET Work Proposed on Floor No(s) ROF Borough QUEENS Block 11052 Lot 40 BIN 4238062 CB No. 413	
2	Requestor Information
Individuals Relationship to Job (example: applicant, owner filing representative)	
Last Name DEGERONIMO First Name THOMAS Middle Initial	
Business Name SUNRUN INSTALLATION SERVICES Business Telephone (631) 304-9901	
Business Address 15 CHARLOTTE AVENUE Business Fax	
City HICKSVILLE State NY Zip 11801 Mobile Telephone	
E-Mail THOMAS.DEGERONIOM@SUNRUN.COM License Number 7397	
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 all the information provided is true to the best of my knowledge and that falsification of any statement is a misdemeanor under § 28-124 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 <u>James Dudas</u> Date <u>2/2/2020</u>	
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: _____	