



DEPT OF BLDGS 440621212

Job Number

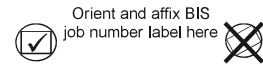


ES664932156

Scan Code

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

Must be typewritten



**1 Location Information**

House No(s) 118-51 Street Name 154 STREET Work Proposed on Floor No(s) ROOF  
Borough QUEENS Block 12209 Lot 107 BIN 4265090 CB No. 412

**2 Requestor Information**

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

Last Name LIANG First Name KAIJIN Middle Initial

Business Name SQ ARCH LLC Business Telephone 513.535.2826

Business Address 211 GALLEY HILL ROAD Business Fax

City CUDDEBACKVILLE State NY Zip 12729 Mobile Telephone

E-Mail LIANGK513@GMAIL.COM License Number 79716

**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 11/25/2020

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