



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

Must be typewritten.

DEPT.BLDGS	510016929	Job Number
SC502804185		Scan Code

1 Location Information

House No(s)	663	Street Name	West Fingerboard Rd	Work Proposed on Floor No(s)	OSP
Borough	Staten Island	Block	3040	Lot	189
BIN	5044983	CB No.	502		

2 Requestor Information

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

Last Name	Rizzi	First Name	Doreen	Middle Initial	A
Business Name	Doreen A.Rizzi, Consultant			Business Telephone	3478857736
Business Address	1562 Richmond Road, Suite 201			Business Fax	7183516577
City	Staten Island	State	NY	Zip	10304
E-Mail	dordor69@aol.com			Mobile Telephone	3478857736
				License Number	R47156

3 Type of Request Choose one.

- ☒ Letter of Completion (Directive 14 or Non-Directive 14)
- ☐ TCO - Temporary Certificate of Occupancy (Borough Commissioner's Office approval may be required. All requirements must be fulfilled before a TCO will be issued)
- ☐ 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)
- ☐ Final Certificate of Occupancy

4 Comments If additional space is required, write "see AI-1" here and submit a completed AI-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 is 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

10/7/10

Borough Commissioner's Office TCO Authorization Do not write in this section.

Comments:

Authorized Name (please print)

☐ Approved

☐ Disapproved

Authorized 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 |
| ☐ Missing Required Item(s): | ☐ TR-1 Error(s): | | |
| ☐ Form(s) missing/incomplete: Form(s) | Section(s)/Reason(s) | | |
| ☐ Other: | | | |