



PW7: Certificate of Occupancy /
Letter of Completion Folder
Review Request
Must be typewritten

DEPT BLDGS Job No. 520046575



Scan Code ESHS1596414

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1 Location Information

House No(s) 125 Street Name BENZIGER AVE Work Proposed on Floor No(s) 001,002,003
Borough STATEN ISLAND Block 39 Lot 49 BIN 5856342 CB No. 501

2 Requestor Information

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

Last Name D'ANGELONE/MIRANDA First Name KAREN/LAURA Middle Initial
Business Name VIP EXPEDITING Business Telephone 718-667-6799
Business Address 1828 HYLAN BLVD Business Fax 718-667-6747
City STATEN ISLAND State NY Zip 10305 Mobile Telephone
E-Mail COFOPRO1@AOL.COM License Number 2573/6727

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, metas 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 *Karen D'Angelone* Date 8-7-17

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

Comments:

① TR 8 for Reg. Item.

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: _____

W.D. 8/9/17