



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

Must be typewritten.

DEPT. BLDGS 520094558 Job Number
SC522916124 Scan Code

1 Location Information

House No(s) 6 Street Name CHATHAM STREET Work Proposed on Floor No(s)
Borough STATEN ISLAND Block 5724 Lot 142 BIN 5858124 CB No.

2 Requestor Information

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

Last Name D'ANGELONE First Name KAREN 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

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

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

Comments:

① Demo - Sign-Off.
② T-1 for concrete retaining wall.

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

N.O. 5/28/14