



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

Must be typewritten.

DEPT. BLDGS.	520097029	Job Number
SC100219023		Scan Code

1 Location Information

House No(s) 169 Street Name CENTER STREET Work Proposed on Floor No(s) OSP
Borough STATEN ISLAND Block 4426 Lot 11 BIN 5060464 CB No. 503

2 Requestor Information

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

Last Name DELL'ANGELO First Name DENNIS Middle Initial D.
Business Name DENNIS D. DELL'ANGELO, R.A. Business Telephone 718-720-4105
Business Address 18 ROOSEVELT STREET Business Fax 718-720-4105
City STATEN ISLAND State N.Y. Zip 10304 Mobile Telephone
E-Mail dennisdellangelo@yahoo.com License Number RA 14539

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 7/11/12

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