



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

Must be typewritten.



1 Location Information

House No(s) 5 Street Name CARMEL COURT Work Proposed on Floor No(s) ROF,1,2 FL
Borough STATEN ISLAND Block 3307 Lot 25 BIN 5116732 CB No. 502

2 Requestor Information

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

Last Name LAMBIRIS First Name DEMOSTHENES Middle Initial
Business Name KV LAMBIRIS ARCHITECT Business Telephone 646-633-6285
Business Address 31-28 CRESCENT STREET Business Fax
City LIC State NY Zip 11106 Mobile Telephone
E-Mail DVLAMBIRIS@YAHOO.COM License Number 1703

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 9-16-14

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

Comments:

① Microfilm need to be find.
② Awaiting 3rd floor.

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: _____

To/From
in/Out
2/14

N.O. 9/16/14