



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

DEPT BLDGS Job No. 520119504
Scan Code ESHS3194548

1	Location Information
House No(s) 42 Street Name BURGUNDY LOOP Work Proposed on Floor No(s) CEL,001,002	
Borough STATEN ISLAND Block 2873 Lot 100 BIN 5859600 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 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, metes 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 § 28-124 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 <i>Karen D'Angelone</i> Date 2-1-17	
Borough Commissioner's Office TCO Authorization Do not write in this section.	
Comments:	
ENTERED FEB 07 2017	
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: _____	