



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

Must be typewritten



|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    |                                                                                                            |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------------------------------------------------------------------------------------------|--|--|
| <b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>Location Information</b>        |                                                                                                            |  |  |
| <div style="display: flex; justify-content: space-between;"><div>House No(s) 6389</div><div>Street Name AMBOY ROAD</div><div>Work Proposed on Floor No(s) 001</div></div> <div style="display: flex; justify-content: space-between;"><div>Borough STATEN ISLAND</div><div>Block 7534</div><div>Lot 186</div><div>BIN 5087061</div><div>CB No. 503</div></div>                                                                                                                                                                                                   |                                    |                                                                                                            |  |  |
| <b>2</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>Requestor Information</b>       |                                                                                                            |  |  |
| Individuals Relationship to Job (example: applicant, owner filing representative)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                    |                                                                                                            |  |  |
| Last Name TORRES/CALVO/AMORA First Name CAROLINA/MATT/ROCH Middle Initial                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                    |                                                                                                            |  |  |
| Business Name BUILDING BROTHERS Business Telephone (347) 448-8070                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                    |                                                                                                            |  |  |
| Business Address PO BOX 4081 Business Fax (347) 448-8072                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                    |                                                                                                            |  |  |
| City SUNNYSIDE State NY Zip 11104 Mobile Telephone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                    |                                                                                                            |  |  |
| E-Mail MATT@BUILDINGBROS.COM License Number 002810                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                    |                                                                                                            |  |  |
| <b>3</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>Type of Request Choose one.</b> |                                                                                                            |  |  |
| <input checked="" type="checkbox"/> Letter of Completion (Directive 14 or Non-Directive 14)                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                    |                                                                                                            |  |  |
| <input type="checkbox"/> TCO - Temporary Certificate of Occupancy (Borough Commissioner's Office may be required. All requirements must be fulfilled before a TCO will be issued) 3A                                                                                                                                                                                                                                                                                                                                                                             |                                    |                                                                                                            |  |  |
| <input type="checkbox"/> 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                                                                                                                                                                                                                                                                                                                                                         |                                    |                                                                                                            |  |  |
| <input type="checkbox"/> Final Certificate of Occupancy 3A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                    |                                                                                                            |  |  |
| 3A <input type="checkbox"/> Change of address, block/lot, metes and bounds only (28-118.16.2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                    |                                                                                                            |  |  |
| <b>4</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>Comments</b>                    | If additional space is required, write "see A1-1" here and submit a completed A1-1 form with this request. |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    |                                                                                                            |  |  |
| <b>5</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>Statements and Signatures</b>   |                                                                                                            |  |  |
| <small>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.</small> |                                    |                                                                                                            |  |  |
| Requestor Signature  Date 3/26/15                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                    |                                                                                                            |  |  |
| <b>Borough Commissioner's Office TCO Authorization Do not write in this section.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                    |                                                                                                            |  |  |
| Comments:<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                    |                                                                                                            |  |  |
| Authorized Name (please print) <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                    |                                                                                                            |  |  |
| Authorization Signature (if approved only) _____ Date _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                    |                                                                                                            |  |  |
| <b>Disapproval Reasons Review request cannot be processed for the following reasons:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                    |                                                                                                            |  |  |
| <input type="checkbox"/> Fees unpaid <input type="checkbox"/> Open ECB/DOB Violation(s) <input type="checkbox"/> Incomplete PAA <input type="checkbox"/> Audit Conditions Pending / Job on Hold                                                                                                                                                                                                                                                                                                                                                                  |                                    |                                                                                                            |  |  |
| <input type="checkbox"/> Missing inspection Sign-off(s): <input type="checkbox"/> Construction <input type="checkbox"/> Plumbing <input type="checkbox"/> Electrical <input type="checkbox"/> Other: _____                                                                                                                                                                                                                                                                                                                                                       |                                    |                                                                                                            |  |  |
| <input type="checkbox"/> Missing Required item(s): _____ <input type="checkbox"/> TR-1 Error(s): _____                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                    |                                                                                                            |  |  |
| <input type="checkbox"/> Form(s) missing/incomplete: Form(s) _____ Section(s)/Reason(s) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                    |                                                                                                            |  |  |
| <input type="checkbox"/> Other: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                    |                                                                                                            |  |  |