



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

Must be typewritten

DEPT BLDGS Job No. 520364276



Scan Code ESHS5611424



1 Location Information	
House No(s) 31	Street Name POTTER AVENUE
Work Proposed on Floor No(s) 001	
Borough STATEN ISLAND	Block 326
Lot 108	BIN 5008928
CB No. 501	
2 Requestor Information	
Individuals Relationship to Job (example: applicant, owner filing representative)	
Last Name CICCARELLI	First Name DOMINICK
Middle Initial	
Business Name THINK DESIGN ARCHITECTURE	Business Telephone (718) 987-3729
Business Address 101 VICTORY BLVD.	Business Fax (718) 987-4397
City STATEN ISLAND	State NY
Zip 10301	Mobile Telephone
E-Mail DOMINICK@THINKDESIGNARCH.COM	License Number 003550
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 § 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.	
Requestor Signature	Date 1/22/19
Borough Commissioner's Office TCO Authorization Do not write in this section.	
Comments: Sent to S.E.P.	
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: _____	