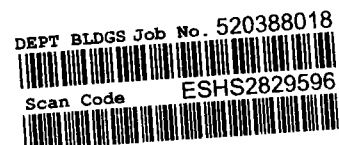




PW7: Certificate of Occupancy /
Letter of Completion Folder
Review Request

Must be typewritten



1	Location Information
House No(s) 23 Street Name MULBERRY CIRCLE Work Proposed on Floor No(s) CEL	
Borough Staten Island Block 2112 Lot 20 BIN 5035716 CB No. 502P	
2	Requestor Information
Individuals Relationship to Job (example: applicant, owner filing representative)	
Last Name MASSAND First Name NANIK Middle Initial	
Business Name M. INTL'S ENGINEERING PLLC Business Telephone 718-331-8899	
Business Address 85-18 212TH STREET Business Fax 718-331-8896	
City HOLLIS HILLS State NY Zip 11427 Mobile Telephone (917) 578-0800	
E-Mail NICK@MASSAND.COM License Number 044402	
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 1/7/20	
Borough Commissioner's Office TCO Authorization Do not write in this section.	
Comments: Sent to S.E.P. 11/13/19	
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: _____	