



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

Must be typewritten.

Affix BIS job number label here.

1 Location Information

House No(s) **215** Street Name **DELMAR AVENUE** Work Proposed on Floor No(s) **ROOF**
Borough **Staten Island** Block **6300** Lot **69** BIN **5081066** CB No. **503**

2 Requestor Information

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

Last Name **Feng** First Name **Chun** Middle Initial

Business Name **Chun Feng, Architect** Business Telephone **201-638-5851**

Business Address **17 Ronald Ct** Business Fax **201-934-8260**

City **Ramsey** State **NJ** Zip **07446** Mobile Telephone **201-638-5851**

E-Mail **feng3000@verizon.net** License Number **019517**

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 *Chun Feng*

Date **5/14/2015**

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

Comments:

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: _____