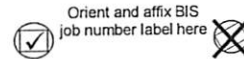




PW7: Certificate of Occupancy /
Letter of Completion Folder
Review Request

Must be typewritten



1	Location Information	House No(s) 159 Street Name NOEL STREET Work Proposed on Floor No(s) ROF		
		Borough STATEN ISLAND	Block 6363	Lot 52 BIN 5081827 CB No. 503

2	Requestor Information	Individuals Relationship to Job (example: applicant, owner filing representative) Last Name GIANNOPOULOS/CHEN First Name ANASTASIOS/DOROTHY Middle Initial Business Name A. GIANNOPOULOS ARCHITECTS PLLC. Business Telephone 718-606-0966 Business Address 23-24 STEINWAY STREET Business Fax (718) 626-0400 City ASTORIA State NY Zip 11105 Mobile Telephone E-Mail ANASTASIOS@AG-ARCHITECTURE.NET License Number A10313/3012		
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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)		
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4	Comments	If additional space is required, write "see A1-1" here and submit a completed A1-1 form with this request.		
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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 3/18/16		
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Borough Commissioner's Office TCO Authorization	Do not write in this section.			
Comments:				
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: _____				