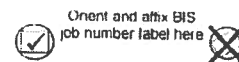




PW7: Certificate of Occupancy /
Letter of Completion Folder
Review Request

Must be typewritten



1	Location Information			
	House No(s) 75	Street Name Grafe Street	Work Proposed on Floor No(s) Roof	
	Borough 5	Block 6160	Lot 1	BIN 5079784 CB No. 503

2	Requestor Information			
	Individuals Relationship to Job (example: applicant, owner filing representative)			
	Last Name Clancy	First Name James	Middle Initial A	
	Business Name James A. Clancy		Business Telephone (856) 358-1125	
	Business Address 601 Asbury Avenue		Business Fax (856) 358-1511	
	City National Park	State NJ	Zip 08063	Mobile Telephone
	E-Mail arcdesignllc@comcast.net			License Number 084288

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 10-13-2015		

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: _____				