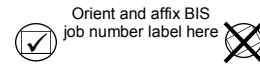




PW7: Certificate of Occupancy /
Letter of Completion Folder
Review Request

Must be typewritten



1 Location Information

House No(s) 59 Street Name LESLIE AVENUE Work Proposed on Floor No(s)
Borough STATEN ISLAND Block 3205 Lot 79 BIN 5047123 CB No. 502

2 Requestor Information

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

Last Name KAMEN First Name JEFFREY Middle Initial
Business Name JEFFREY KAMEN ARCH. Business Telephone 2129825112
Business Address 33 BOND STREET Business Fax 2123580673
City NEW YORK State NY Zip 10012 Mobile Telephone
E-Mail KAMENRA@ATT.NET License Number 023279

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 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 duties of his or her office or for special consideration. Violation is punishable by imprisonment or fine, or both.

Requestor Signature Date 05/17/2016

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: _____