



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

Must be typewritten

DEPT BLDGS Job No. 540086075



Scan Code ESHS7935519

1 Location Information

House No(s) 412 Street Name ALBOURNE AVE Work Proposed on Floor No(s) CEL,001,002
Borough STATEN ISLAND Block 6902 Lot 0013 BIN 5154695 CB No. 503

2 Requestor Information

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

Last Name VILLANO

First Name ANTHONY

Middle Initial C

Business Name ACV ARC HITECTURE PC

Business Telephone (347) 689-2476

Business Address 137 29 STREET

Business Fax

City BROOKLYN

State NY

Zip 11232

Mobile Telephone

E-Mail ACV162@AOL.COM

License Number 032342

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

8/30/16

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

Comments:

① (5) Item see examiner.

9/14/16

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: _____

Perce work
RM - 2124

U.O. 8/30/16
9/14/16