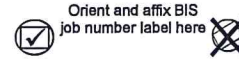




PW7: Certificate of Occupancy /  
Letter of Completion Folder  
Review Request  
*Must be typewritten*

540110146



**1 Location Information**

House No(s) 63 Street Name OAKVILLE STREET Work Proposed on Floor No(s) ROF  
Borough STATEN ISLAND Block 1985 Lot 127 BIN 5112049 CB No. 502

**2 Requestor Information**

Individuals Relationship to Job (example: applicant, owner filing representative)  
Last Name MINNITTI First Name MICHAEL Middle Initial J  
Business Name SUNRUN Business Telephone 848-702-8176  
Business Address 26 WORLD'S FAIR DR Business Fax  
City SOMERSET State NJ Zip 08873 Mobile Telephone  
E-Mail MICHAEL.MINNITTI@SUNRUNHOME.COM License Number 5986

**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 Michael Minnitti Date 2/2/17

**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: \_\_\_\_\_