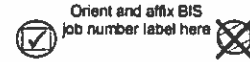




**PW7: Certificate of Occupancy /
Letter of Completion Folder
Review Request**
Must be typewritten



1	Location Information		
House No(s) 51		Street Name Callahan Ln	Work Proposed on Floor No(s) Roof
Borough SI		Block 7780 Lot 89	BIN 5132832 CB No 503
2	Requestor Information		
Individuals Relationship to Job (example: applicant, owner <u>filing representative</u>)			
Last Name WIKA		First Name FABIAN	Middle Initial
Business Name 1ST LIGHT ENERGY		Business Telephone (908) 668-9040	
Business Address 1869 MOFFAT BOULEVARD		Business Fax (908) 668-9042	
City South Plainfield State NJ		Zip 07080	Mobile Telephone (908) 720-3632
E-Mail fwika@1stlightenergy.com		License Number 005390	
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 <i>If additional space is required, write "see A1-1" here and submit a completed A1-1 form with this request.</i>		
All documents and files necessary for Sign-OFF of roof mounted, photovoltaic array have been uploaded along with this document			
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 § 28-124 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 12/1/16
Borough Commissioner's Office TCO Authorization <i>Do not write in this section.</i>			
Comments:			
Authorized Name (please print)		☐ Approved	☐ Disapproved
Authorization Signature (if approved only)		Date	
Disapproval Reasons <i>Review request cannot be processed for the following reasons:</i>			
☐ 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: _____			