



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

DEPT BLDGS Job No. 540136814
Scan Code ESHS1630927

1 Location Information

House No(s) 266 Street Name ANNADALE ROAD Work Proposed on Floor No(s) ROF
Borough STATEN ISLAND Block 5679 Lot 37 BIN 5076405 CB No. 503

2 Requestor Information

Individuals Relationship to Job (example: applicant, owner filing representative)
Last Name CICCARELLI First Name DOMINICK Middle Initial
Business Name THINK DESIGN ARCHITECTURE Business Telephone (718) 987-3729
Business Address 101 VICTORY BLVD. Business Fax (718) 987-4397
City STATEN ISLAND State NY Zip 10301 Mobile Telephone
E-Mail DOMINICK@THINKDESIGNARCH.COM License Number 003550

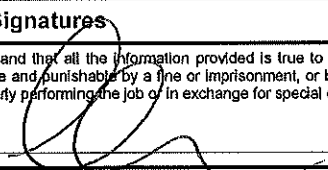
3 Type of Request Choose one.

- ☒ 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 8-20-19

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: _____