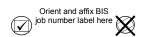


PW7: Certificate of Occupancy / Letter of Completion Folder Review Request



Must be typewritten

1	Location Information	1					
-	House No(s) Street Name			Work Proposed on Floor No(s)			
	Borough	Block	Lot	BIN	CB No.		
2	Requestor Informati	on					
	Individuals Relationship to Job (example: applicant, owner filing representative)						
	Last Name		First Name				
	Business Name				Business Telephone		
	Business Address	0.1	 -		Business Fax		
	City E-Mail	State	Zip		Mobile Telephone License Number		
					License Number		
3	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						
П	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						
Ш	3A Change of address, block/lot, metes and bounds only (28-118.16.2)						
	SA CI Change of address, blockfor, frietes and bounds only (20-110.10.2)						
4	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						
///	Borough Commissioner's Office TCO Authorization Do not write in this section.						
		ner's Office TCO Authoriza	tion Do not writ	te in this section.			
	Comments:						
ł							
1	Authorized Name (please print) Approved Disapproved						
Ī	Authorization Signature (if approved only) Date						
///							
	Disapproval Reasons Review request cannot be processed for the following reasons:						
	☐ Fees unpaid	☐ Open ECB/DOB Violation	on(s) 🗆 Inco	omplete PAA	☐ Audit Conditions Pending / Jol	o on Hold	
	\square Missing inspection Sig	n-off(s): Construction	☐ Plumbing	☐ Electrical	☐ Other:		
	☐ Missing Required item	n(s):	[TR-1 Error(s):			
	☐ Form(s) missing/incomplete: Form(s) Section(s)/Reason(s)						
	□ Other:						