



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

Must be typewritten

DEPT BLDGS Job No. 121184841



Scan Code ESHS7156235

1	Location Information				
House No(s) 550		Street Name WEST 34TH STREET		Work Proposed on Floor No(s) SC, CEL, 1-51, 51M, ROOF	
Borough Manhattan		Block 705	Lot 1	BIN 1089412	CB No. 104

2	Requestor Information				
Individuals Relationship to Job (example: applicant, owner filing representative) <Select> _____					
Last Name CABA		First Name RODDI		Middle Initial _____	
Business Name KM ASSOCIATES OF NY, INC.				Business Telephone (212) 563-6760	
Business Address 158 WEST 29TH STREET 7TH FLOOR				Business Fax (212) 563-6753	
City NEW YORK		State NY	Zip 10001	Mobile Telephone (908) 758-6260	
E-Mail RCABA@KMAOFNY.COM				License Number 006421	

3	Type of Request Choose one.				
<input checked="" type="checkbox"/> Letter of Completion (Directive 14 or Non-Directive 14) <input type="checkbox"/> TCO - Temporary Certificate of Occupancy (Borough Commissioner's Office may be required. All requirements must be fulfilled before a TCO will be issued) 3A <input type="checkbox"/> 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 <input type="checkbox"/> Final Certificate of Occupancy 3A 3A <input type="checkbox"/> 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>				
PW 7 enclosed to have EUP cards entered in required items not for sign off					

5	Statements and Signatures				
<p>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.</p>					
Requestor Signature _____					Date _____

Borough Commissioner's Office TCO Authorization	<i>Do not write in this section.</i>				
Comments:					
Authorized Name (please print) _____					<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
Authorization Signature (if approved only) _____					Date _____

Disapproval Reasons	<i>Review request cannot be processed for the following reasons:</i>				
<input type="checkbox"/> Fees unpaid <input type="checkbox"/> Open ECB/DOB Violation(s) <input type="checkbox"/> Incomplete PAA <input type="checkbox"/> Audit Conditions Pending / Job on Hold <input type="checkbox"/> Missing inspection Sign-off(s): <input type="checkbox"/> Construction <input type="checkbox"/> Plumbing <input type="checkbox"/> Electrical <input type="checkbox"/> Other: _____ <input type="checkbox"/> Missing Required item(s): _____ <input type="checkbox"/> TR-1 Error(s): _____ <input type="checkbox"/> Form(s) missing/incomplete: Form(s) _____ Section(s)/Reason(s) _____ <input type="checkbox"/> Other: _____					

RECEIVED