



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

Must be typewritten

DEPT BLDGS Job No. 121184841



Scan Code ESHS7595081

1 Location Information

House No(s) 550 Street Name WEST 34TH STREET Work Proposed on Floor No(s) See section 4 below
 Borough Manhattan Block 705 Lot 1 BIN 1089412 CB No. 104

2 Requestor Information

Individuals Relationship to Job (example: applicant, owner filing representative) Filing Representative
 Last Name TORIBIO First Name ILSA 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 () - _____
 E-Mail ITORIBIO@KMAOFNY.COM License Number 001340

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.*

TCO for Core and Shell only for following floors: SC, CEL, 1, 2, 3, 8, 9, 10, 26, 27, 45-51, 51MZ, & ROF.

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.*

Comments:

Disapproved for initial TCO. Schedule A is required to show "O" - occupancy in Core & Shell Floor TOWN 12/88
Ekaterina Guletsky

Authorized Name (please print)

DEC 14 2018☐ 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: _____