



PW-7: Certificate of Occupancy /
Letter of Completion Folder
Review Request
Must be typewritten.

DEPT BLDGS Job No. 121324290



Scan Code ESHS1063394

1 Location Information

House No(s) 501

Street Name West 30th Street

Work Proposed on Floor No(s)

Borough Manhattan

Block 702

Lot 10

BIN 1089323

CB No. 104

2 Requestor Information

Individuals Relationship to Job (example: applicant, owner, filing representative)

Last Name Vasko

First Name Jozef

Middle Initial

Business Name Jerome S. Gillman Consulting Architect, P.C.

Business Telephone 212-349-9304

Business Address 40 Worth Street, Suite 1630

Business Fax 212-349-9346

City New York

State NY

Zip 10013

Mobile Telephone 917-682-5971

E-Mail Jozef@gillmaninc.com

License Number 1555

3 Type of Request Choose one.

☐ Letter of Completion (Directive 14 or Non-Directive 14)

☐ TCO - Temporary Certificate of Occupancy (Borough Commissioner's Office approval may be required. All requirements must be fulfilled before a TCO will be issued)

☒ 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)

☐ Final Certificate of Occupancy

4 Comments If additional space is required, write "see AI-1" here and submit a completed AI-1 form with this request.

Please add occupancy on floors 22, 23 and 32 by removing a comment "Core and Shell Only" from those floors. Also, please redraft these floors as the schedule A was amended.

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 is 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

10/18/16

Borough Commissioner's Office TCO Authorization Do not write in this section.

Comments:

Authorized Name (please print)

☐ Approved

☐ Disapproved

Authorized 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: _____