



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

DEPT BLDGS Job No. 121324290



Scan Code ESHS1705971

1	Location Information		
House No(s) 501		Street Name WEST 30TH STREET	Work Proposed on Floor No(s) C,GND,M,M2,M5,M34,1-51,R
Borough Manhattan		Block 702 Lot 10	BIN 1089323 CB No. 104

2	Requestor Information		
Individuals Relationship to Job (example: applicant, owner filing representative) <Select>			
Last Name TOETZ		First Name JAMES	Middle Initial _____
Business Name GILLMAN CONSULTING INC		Business Telephone (212) 349-9304	
Business Address 40 WORTH ST SUITE 600		Business Fax (212) 349-9346	
City NEW YORK State NY Zip 10013		Mobile Telephone () - _____	
E-Mail JIMMY@GILLMANINC.COM		License Number 6419	

3	Type of Request Choose one.		
<input 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 checked="" 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>		

5	Statements and Signatures		
<small>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.</small>			
Requestor Signature		Date 3/21/17	

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: _____			