



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

DEPT BLDGS Job No. 121324290



Scan Code ESHS2307949

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) Filing Representative

Last Name GEORGIU

First Name STEFANOS

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 STEVE@GILLMANINC.COM

License Number 004403

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.*

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

8/15/17

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

Comments:

Authorized Name (please print)

☐ 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: _____