



PW-7: Certificate of Occupancy /
Letter of Completion Folder
Review Request

Must be typewritten.

DEPT BLDGS Job No. 121324290



Scan Code ESHS4100234



1 Location Information

House No(s) 501 Street Name West 30th Street Work Proposed on Floor No(s)
Borough Manhattan Block 702 Lot 50 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 Gillman Consulting Inc Business Telephone 212-349-9304
Business Address 40 Worth Street, Suite 600 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 hoist line by removing the note "Less hoist line area" for floors 3, 6, 8-13, 15, 19 & 24-31. Also, please add conference room on the 7th floor.

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

12/29/16

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: _____