



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

Must be typewritten.

DEPT BLDGS Job No. 121324290



Scan Code ESHS9330631

**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 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@jeromesgillman.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 or remove 'Core and Shell' on floors 3 & 23-31 (less hoist line areas)

omitted in error.

**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

6/13/16

**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: \_\_\_\_\_