

Application No.	Application Type:
Address:	BIN:
No. of Floors:	Use:
Complete this worksheet <b>ONLY</b> for (select one): <input type="checkbox"/> Core & Shell <b>OR</b> <input type="checkbox"/> TCO-Initial <b>OR</b> <input type="checkbox"/> TCO Renewal with Change	

If *submit a copy* is indicated, copies of the documents must be assembled as a single submission package and uploaded in eFiling as **one document**, selecting Document Name **TCO - Supporting Documents**.

<input type="checkbox"/> <b>TCO-Supporting Documents</b> attached	Date uploaded:
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The below Inspection signoffs/TRs are required for ALL applications.

A. Required Items	B. Required for initial	C. Enter required information
<b>Inspections</b>		
Final/Temp. Const. signoff	<input type="checkbox"/> Inspection signoff is entered in <b>Required Items</b> . <i>(must be within 18 months of the request date)</i>	Date of last action:
Final/Temp. Plumbing signoff	<input type="checkbox"/> Inspection signoff is entered in <b>Required Items</b>	Date of last action:
Final/Temp. Elevator signoff	<input type="checkbox"/> Inspection signoff is entered in <b>Required Items</b> <i>(No CAT-5 violations received after signoff)</i>	Date of last action:
<b>Technical Inspection Report Requirements</b>		
TR(s) for Special/Progress Inspections	<input type="checkbox"/> TR(s) received in <b>Required Items</b> ; <b>OR</b> (Phased projects only): <input type="checkbox"/> Partial TR(s) or temporary deferral of TR(s) request, signed and sealed by a Registered Design Professional <b>AND</b> approved by BC/DBC ( <i>submit a copy</i> )	<input type="checkbox"/> Partial TR(s) submitted <input type="checkbox"/> Copy submitted Date of action:
Related Boiler/Water Heater/Emergency Generators/Fuel Storage	<input type="checkbox"/> <b>Signed off</b> ; <i>OR</i> <input type="checkbox"/> TR(s) received in <b>Required Items</b> ;	Date of last action: Application No(s):

The below requirements are project specific.

Indicate **Y** (Yes) or **N** (No) for each applicable requirement in Column A. This field cannot be left empty.

If **Y** is indicated, you must **check the applicable item in Column C**.

If the selected item in Column C indicates *submit a copy*, it must be included in the *TCO-Supporting Documents* package.

A. Y/N	B. Required Items	C. Required for initial	D. Enter required information
<b>Fire Safety Systems</b>			
	Fire Protection Plan (FPP)	<input type="checkbox"/> FDNY Letter of Approval (LOA) ( <i>submit a copy</i> ); <b>OR</b> <input type="checkbox"/> Receipt from FDNY that FPP has been filed <b>AND</b> Temporary Waiver Letter request, signed and sealed by a Registered Design Professional <b>AND</b> approved by BC/DBC ( <i>submit a copy</i> )	<input type="checkbox"/> Copy submitted Date of action:
	Fire Alarm (FA)	<input type="checkbox"/> <b>Signed off</b> . <i>OR</i> <input type="checkbox"/> FDNY Letter of Approval (LOA) ( <i>submit a copy</i> ), <i>OR</i> <input type="checkbox"/> FDNY Letter of Recommendation (LOR) ( <i>submit a copy</i> ), <i>OR</i> <input type="checkbox"/> FDNY Letter of Defect (LOD) <b>AND</b> an Affidavit of Correction, signed and sealed by a Registered Design Professional <b>AND</b> approved by BC/DBC ( <i>submit a copy</i> )	<input type="checkbox"/> Copy submitted Date of action: Application No:
	Fire Alarm FA-ARC)	<input type="checkbox"/> <b>Signed off</b> . <i>OR</i> <input type="checkbox"/> FDNY Letter of Approval (LOA) ( <i>submit a copy</i> ), <i>OR</i> <input type="checkbox"/> FDNY Letter of Recommendation (LOR) ( <i>submit a copy</i> ), <i>OR</i> <input type="checkbox"/> FDNY Letter of Defect (LOD) <b>AND</b> an Affidavit of Correction, signed and sealed by a Registered Design Professional <b>AND</b> approved by BC/DBC ( <i>submit a copy</i> )	<input type="checkbox"/> Copy submitted Date of action: Application No:
	Fire Suppression (FS) system(s)	<input type="checkbox"/> <b>Signed off</b> . <i>OR</i> <input type="checkbox"/> FDNY Letter of Approval (LOA) ( <i>submit a copy</i> )	<input type="checkbox"/> Copy submitted Date of action: Application No:
	CO/Smoke Detector	<input type="checkbox"/> Received in <b>Required Items</b> ; <i>OR</i> <input type="checkbox"/> Affidavit of Installation and testing, signed and sealed by a licensed electrician ( <i>submit a copy</i> )	<input type="checkbox"/> Copy submitted Date of action: Application No:
<b>Administrative Requirements</b>			
	Builders Pavement Plan (BPP)	<input type="checkbox"/> <b>Signed off</b> . <i>OR</i> <input type="checkbox"/> <b>Permitted</b> status <b>AND</b> DOB inspection report ( <i>submit a copy</i> ); <i>OR</i> <input type="checkbox"/> <b>Permitted</b> status <b>AND</b> Affidavit with photos, signed and sealed by a Registered Design Professional ( <i>submit a copy</i> )	<input type="checkbox"/> Copy submitted Date of action: Application No:
	Place of Assembly (PA)	<input type="checkbox"/> Inspection status <b>Final-Passed</b> <i>Until a PA has passed the inspection, occupancy may be restricted to 74 persons</i>	Date of action: Application No:

A. Y/N	B. Required Items	C. Required for initial	D. Enter required information
<b>Administrative Requirements (continued)</b>			
	Equipment Use Permit(s) (EUP) (aka Certificates of Compliance)	<input type="checkbox"/> Received in <b>Required items</b> ; <b>OR</b> (Phased projects only): <input type="checkbox"/> Affidavit signed and sealed by a Registered Design Professional that the space(s) are adequately heated and ventilated ( <i>submit a copy</i> )	<input type="checkbox"/> Copy submitted Date of action: Application No:
<b>Violations:</b>			
	DOB Civil Penalties Payment	<input type="checkbox"/> Civil Penalties must be paid prior to TCO	
	Local Law violations <sup>1</sup>	<input type="checkbox"/> Plan of action and a timeline for correcting the violation(s), signed and sealed by a Registered Design Professional. Plan of action is subject to technical review and approval by BC/DBC/PA ( <i>submit a copy</i> )	<input type="checkbox"/> Copy submitted
<sup>1</sup> violations that directly affect the spaces covered by the application or compromise life-safety systems of the entire building			

<b>Other City/State Agencies Requirements:</b>			
	<b>Loft Board</b> Loft Board Certifications	<input type="checkbox"/> Received in <b>Required Items</b> : Loft Board Certificate (LBC), <b>OR</b> <input type="checkbox"/> Received in <b>Required Items</b> : Loft Board Letter of No Objection (LONO)	Date of last action:
	<b>Department of Environmental Protection (DEP):</b> Little E/OER Notice of Satisfaction	<input type="checkbox"/> Received in <b>Required items</b> : DEP Notice of Satisfaction	Date of last action:
	<b>Landmarks Preservation Commission (LPC)</b> Certificates	<input type="checkbox"/> Received in <b>Required Items</b> : Certificate of 'No Effect' (CNE), <b>OR</b> <input type="checkbox"/> 'Certificate of Appropriateness' (COA) <b>AND</b> demonstrate that COA requirements are satisfied - if inspection and sign-off by LPC are required, they must be completed prior to TCO ( <i>submit a copy</i> )	<input type="checkbox"/> Copy submitted Date of action:
	<b>Design Commission</b> City owned property Design Commission Approval	<input type="checkbox"/> Received in <b>Required Items</b> : Design Commission Certificate of Approval (COA)	Date of last action:
	<b>HPD:</b> Special Districts <sup>2</sup> Certificate of No Harassment	<input type="checkbox"/> Received in <b>Required Items</b> : HPD #Special District# Certificate of No Harassment (CONH) (aka Anti-Harassment checklist)	Date of last action:
	<b>HPD:</b> Special Districts <sup>2</sup> (HY, GD, WCh only) Certificate of "No Effect"	<input type="checkbox"/> Received in <b>Required Items</b> : HPD Certificate of 'No Effect' (CONE) <b>OR</b> <input type="checkbox"/> Received in <b>Required Items</b> : Cure Agreement	Date of last action:
<sup>2</sup> #Special Districts#: MN – Clinton District (CD), Garment District (GD), Hudson Yards (HY), West Chelsea (WCh); BK – Greenpoint – Williamsburg (GpW)			
	<b>HPD:</b> SRO MD Certificate of No Harassment	<input type="checkbox"/> Received in <b>Required Items</b> : HPD SRO MD Certificate of No Harassment (aka Anti-Harassment checklist) <i>HPD SRO MD CONH is valid only for 36 months</i>	Date of last action:
	<b>HPD:</b> Completion Notice	<input type="checkbox"/> Received in <b>Required Items</b> : Completion Notice <input type="checkbox"/> <b>If partial TCO requested:</b> proof of passed inspection for all affordable units on each story for which Partial TCO is requested ( <i>submit a copy</i> )	<input type="checkbox"/> Copy submitted Date of action:
	<b>CPC: POPS</b>	<input type="checkbox"/> Received in <b>Required Items</b> : CPC Letter of Approval (LOA) ( <i>submit a copy</i> ), <b>AND</b> (if applicable) <input type="checkbox"/> <b>Listed in Section 9 of PW1:</b> CRFN No. for any documents recorded against property	<input type="checkbox"/> Copy submitted Date of action:
	<b>CPC:</b> Special Permits <sup>3</sup>		
	<b>CPC</b> : ULURP		
<sup>3</sup> Special permits are decided on a case-by-case basis and will have individual requirements. Generally, CPC LOA is issued, but other documents may be required.			
	<b>BSA:</b> Variance	<input type="checkbox"/> Received in <b>Required Items</b> : BSA Variance; <b>AND</b> (if applicable) <input type="checkbox"/> <b>Listed in Section 9 of PW1:</b> BSA Calendar No. / Zoning Exhibit CRFN No. <input type="checkbox"/> <b>Recorded on Schedule A:</b> (when required) BSA Calendar No. and Special Permit conditions	<input type="checkbox"/> Copy submitted Date of action: