

<input type="checkbox"/> BIS Application No. <input type="checkbox"/> DOB NOW Application No.	Application Type:
Address:	BIN:
Complete this worksheet for (select one): <input type="checkbox"/> Core & Shell <input type="checkbox"/> TCO-Initial <input type="checkbox"/> TCO Renewal with Change <input type="checkbox"/> Final	

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

<input type="checkbox"/> CO-Supporting Documents attached <input type="checkbox"/> CO Checklist attached	Date uploaded:
---------------------------------------------------------------------------------------------------------------------------	----------------

The below Inspection signoffs/TRs are required for ALL applications.

A. Requirements	B. Actions	C. Enter required information
Inspections		
Final/Temp. Const. signoff	<input type="checkbox"/> Construction Signoff obtained	Date of last action:
Final/Temp. Plumbing signoff	<input type="checkbox"/> Plumbing Signoff obtained	Date of last action:
Final/Temp. Elevator signoff	<input type="checkbox"/> Elevator Signoff obtained	Date of last action:
Technical Inspection Report Requirements		
TR(s) for Special/Progress Inspections	<input type="checkbox"/> TR(s) completed <input type="checkbox"/> Partial TR(s) or temporary deferral of TR(s) request, signed and sealed by a Registered Design Professional AND approved by BC Office (<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"/> Signed off; OR <input type="checkbox"/> TR(s) completed	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. Requirements	C. Actions	D. Enter required information
Fire Safety Systems			
	Fire Protection Plan (FPP)	<input type="checkbox"/> FDNY Letter of Approval (LOA) (<i>submit a copy</i>), OR <input type="checkbox"/> Receipt from FDNY that FPP has been filed AND Temporary Waiver Letter request, signed and sealed by a Registered Design Professional AND approved by BC Office (<i>submit a copy</i>)	<input type="checkbox"/> Copy submitted Date of action:
	Fire Alarm (FA)	<input type="checkbox"/> Signed off; OR <input type="checkbox"/> FDNY Letter of Approval (LOA) (<i>submit a copy</i>), OR <input type="checkbox"/> FDNY Letter of Recommendation (LOR) (<i>submit a copy</i>), OR <input type="checkbox"/> FDNY Letter of Defect (LOD) AND an Affidavit of Correction, signed and sealed by a Registered Design Professional AND 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"/> Signed off; OR <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 Alarms (Template of Affidavit)	<input type="checkbox"/> Received; OR <input type="checkbox"/> Battery operated alarms (where permitted): Notarized affidavit from owner indicating that the CO / smoke alarms have been installed and tested in accordance with all required codes, AND/OR <input type="checkbox"/> Hard-wired alarms: Signed and sealed affidavit from a Registered Design Professional or Licensed Electrician certifying that the CO / smoke alarms have been installed and tested in accordance with all required codes.	<input type="checkbox"/> Copy submitted Date of action: Application No:
Administrative Requirements			
	Builders Pavement Plan (BPP)	<input type="checkbox"/> Signed off; OR <input type="checkbox"/> Permitted status AND DOB pass inspection report (<i>submit a copy</i>); OR <input type="checkbox"/> Permitted status AND 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 Final-Passed <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. Requirements	C. Actions	D. Enter required information
Administrative Requirements continued			
	Equipment Use Permit(s) (EUP) (aka Certificates of Compliance)	<input type="checkbox"/> Submitted <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:
Violations:			
	DOB Civil Penalties Payment	<input type="checkbox"/> Civil Penalties must be paid prior to TCO	
	Local Law violations ¹	<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 Office (<i>submit a copy</i>)	<input type="checkbox"/> Copy submitted
¹ violations that directly affect the spaces covered by the application or compromise life-safety systems of the entire building			

Other City/State Agencies Requirements:			
	Loft Board Loft Board Certifications	<input type="checkbox"/> Submitted: Loft Board Certificate (LBC), OR <input type="checkbox"/> Submitted: Loft Board Letter of No Objection (LONO)	Date of last action:
	Department of Environmental Protection (DEP): Little E/OER Notice of Satisfaction	<input type="checkbox"/> Submitted: DEP Notice of Satisfaction	Date of last action:
	Landmarks Preservation Commission (LPC) Certificates	<input type="checkbox"/> Submitted: Certificate of 'No Effect' (CNE), OR <input type="checkbox"/> 'Certificate of Appropriateness' (COA)	<input type="checkbox"/> Copy submitted Date of action:
	Design Commission City owned property Design Commission Approval	<input type="checkbox"/> Submitted: Design Commission Certificate of Approval (COA)	Date of last action:
	HPD: Special Districts ² Certificate of No Harassment	<input type="checkbox"/> Submitted: HPD #Special District# Certificate of No Harassment (CONH) (aka Anti-Harassment checklist)	Date of last action:
	HPD: Special Districts ² (HY, GD, WCh only) Certificate of "No Effect"	<input type="checkbox"/> Submitted: HPD Certificate of 'No Effect' (CONE), OR <input type="checkbox"/> Submitted: Cure Agreement	Date of last action:
² #Special Districts#: MN – Clinton District (CD), Garment District (GD), Hudson Yards (HY), West Chelsea (WCh); BK – Greenpoint – Williamsburg (GpW)			
	HPD: SRO MD Certificate of No Harassment	<input type="checkbox"/> Submitted: 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:
	HPD: Completion Notice	<input type="checkbox"/> Submitted: Completion Notice <input type="checkbox"/> If partial TCO requested: all affordable housing units must be completed on each story for which TCO is requested (ZR 23-953)	<input type="checkbox"/> Copy submitted Date of action:
	CPC: POPS	<input type="checkbox"/> Submitted: CPC Letter of Approval (LOA) (<i>submit a copy</i>), <u>AND</u> (if applicable) <input type="checkbox"/> Listed in PW1: CRFN No. for any documents recorded against property	<input type="checkbox"/> Copy submitted Date of action:
	CPC: Special Permits ³		
	CPC : ULURP		
³ 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.			
	BSA: Variance	<input type="checkbox"/> Submitted: BSA Variance; <u>AND</u> (if applicable) <input type="checkbox"/> Listed in PW1: BSA Calendar No. / Zoning Exhibit CRFN No. <input type="checkbox"/> Recorded on CofO comments: (when required) BSA Calendar No. and Special Permit conditions	<input type="checkbox"/> Copy submitted Date of action: