



# PW7: Letter of Completion Request

(Must be typewritten)

## 1 LOCATION INFORMATION

|                   |                          |                                  |
|-------------------|--------------------------|----------------------------------|
| House No(s) 44    | Street Name Water Street | Work Proposed on Floor No(s) 002 |
| Borough Manhattan | Block 30 Lot 32          | BIN 1000856 CB No. 101           |

## 2 REQUESTOR INFORMATION

Individuals Relationship to Job (Example: Applicant, Owner Filing Representative) Filing representative

|                                                     |                    |                                   |
|-----------------------------------------------------|--------------------|-----------------------------------|
| Last Name Silva                                     | First Name Adria   | Middle Initial                    |
| Business Name Costa Architecture & Engineering, LLP |                    | Business Telephone (516) 829-0278 |
| Business Address 175 Great Neck Road                |                    | Business Fax (516) 829-1270       |
| City Great Neck                                     | State NY Zip 11021 | Mobile Telephone                  |
| E-Mail Asilva@costa-ae.com                          |                    | License Number 001651             |

## 3 TYPE OF REQUEST

- ☒ Letter of Completion (Directive 14 or Non-Directive 14)  
Herewith requesting to Signoff application 101438721.

## 4 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 Adria Silva Date 02-25-2022

| Disapproval Reasons Review request cannot be processed for the following reasons: |                                                                         |                                         |                                                                 |
|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------|-----------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> Fees unpaid                                              | <input type="checkbox"/> Open ECB/DOB Violation(s)                      | <input type="checkbox"/> Incomplete PAA | <input type="checkbox"/> Audit Conditions Pending / Job on Hold |
| <input type="checkbox"/> Missing inspection Sign-off(s):                          | <input type="checkbox"/> Construction <input type="checkbox"/> Plumbing | <input type="checkbox"/> Electrical     | <input type="checkbox"/> Other: _____                           |
| <input type="checkbox"/> Missing Required item(s): _____                          | <input type="checkbox"/> TR-1 Error(s): _____                           |                                         |                                                                 |
| <input type="checkbox"/> Form(s) missing/incomplete: Form(s) _____                | Section(s)/Reason(s) _____                                              |                                         |                                                                 |
| <input type="checkbox"/> Other: _____                                             |                                                                         |                                         |                                                                 |