



PW7: Letter of Completion Request

(Must be typewritten)

1 LOCATION INFORMATION

House No(s) 128 Street Name MOTT STREET Work Proposed on Floor No(s) CEL, OSP
Borough MANHATTAN Block 238 Lot 7501 BIN 1087662 CB No. 102

2 REQUESTOR INFORMATION

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

Last Name LIN First Name ROBERT Middle Initial H
Business Name A&T ENGINEERING, P.C. Business Telephone (718) 340-3818
Business Address 164-09 NORTHERN BLVD FLUSHING NY 11358 Business Fax (815) 846-4059
City FLUSHING State NY Zip 11358 Mobile Telephone
E-Mail ATCORPNY@GMAIL.COM License Number 072792

3 TYPE OF REQUEST

☒ Letter of Completion (Directive 14 or Non-Directive 14)

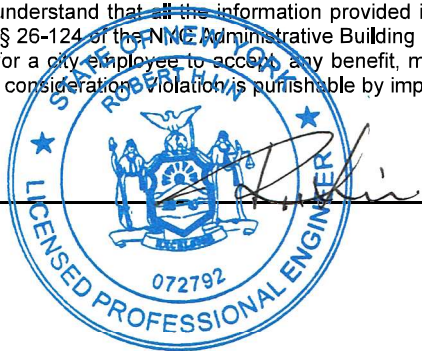
RESPECTFULLY REQUESTING TO LOC APPLICATION #120339302

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

Date 11-09-2021



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: _____ | | | |