



PW7:

Letter of Completion Request

(Must be typewritten)

1 LOCATION INFORMATION

House No(s)	60	Street Name	CANAL STREET	Work Proposed on Floor No(s)	OSP
Borough	MANHATTAN	Block	294	Lot	7
		BIN	1090784	CB No.	103

2 REQUESTOR INFORMATION

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

Last Name	MONTOYO	First Name	JONATHAN	Middle Initial	
Business Name	A1 EXPEDITING SERVICE CORP.			Business Telephone	(718) 366-1822
Business Address	959 FULTON STREET			Business Fax	(718) 366-1822
City	FARMINGDALE	State	NY	Zip	11735
E-Mail	INFO@A1EXPEDITING.COM			Mobile Telephone	
				License Number	002479

3 TYPE OF REQUEST

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

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

Jonathan Montoyo

Date 06-17-2022

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 |
| ☐ Missing Required item(s): | ☐ TR-1 Error(s): | ☐ Other: _____ | |
| ☐ Form(s) missing/incomplete: Form(s) | Section(s)/Reason(s) _____ | | |
| ☐ Other: _____ | | | |