



# Letter of Completion Request

(Form must be typewritten)

## 1 LOCATION INFORMATION

House No(s) 2340 Street Name 8th Avenue Work Proposed on Floor No(s) Roof  
Borough Manhattan Block 1931 Lot 63 BIN 1058663 CB No. 110

## 2 REQUESTOR INFORMATION

Individual's Relationship to Job (i.e., Applicant, Owner Filing Representative)

Last Name Dimitriou First Name Andrew Middle Initial P  
Business Name Brookbridge Consulting Services, Inc Business Telephone 2124065920  
Business Address 28 Warren Street Business Fax 2124065921  
City New York State NY Zip 10007 Mobile Telephone 6463001905  
Email andrewd@brookbridgeinc.com License No. 007730

## 3 TYPE OF REQUEST

- ☒ Letter of Completion (Directive 14 or Non-Directive 14)
- ☐ Notification of removal of chute, fence, supported scaffold, sidewalk shed, temporary hoist, support of excavation, or other temporary construction equipment. No final inspection is required per LL 146/21.

## 4 STATEMENTS & 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 § 28-320.6.3 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's Signature:

Date: 4/7/2023

## FOR OFFICE USE ONLY

### 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
- ☐ Missing inspection Sign-off(s): ☐ Construction ☐ Plumbing ☐ Electrical ☐ Other: \_\_\_\_\_
- ☐ Missing Required Item(s): \_\_\_\_\_ TR1 Error(s): \_\_\_\_\_
- ☐ Form(s) Missing/Incomplete: Form(s) \_\_\_\_\_ Section(s)/Reason(s): \_\_\_\_\_
- ☐ Other: \_\_\_\_\_