



PW7: Letter of Completion Request

(Must be typewritten)

1 LOCATION INFORMATION

House No(s)	21	Street Name	Claremont Avenue	Work Proposed on Floor No(s)	ALL
Borough	Manhattan	Block	1930	Lot	10
		BIN	1056819	CB No.	109

2 REQUESTOR INFORMATION

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

Last Name	Acevedo	First Name	Shanne	Middle Initial	
Business Name	Outsource Consultants Inc.			Business Telephone	212 732-0555x1058
Business Address	237 West 35th Street			Business Fax	212 212-732-6933
City	New York	State	NY	Zip	10001
E-Mail	sacevedo@outsourceconsultants.com			Mobile Telephone	
				License Number	

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 *Shanne Acevedo*

Date 6/02/2023

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