



Letter of Completion Request

(Form must be typewritten)

1 LOCATION INFORMATION

House No(s) 600 Street Name W 161 ST Work Proposed on Floor No(s) 002
Borough MANHATTAN Block 2137 Lot 14 BIN 1063351 CB No. 112

2 REQUESTOR INFORMATION

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

Last Name KWAN First Name GAVIN Middle Initial
Business Name KINETIC DESIGN CONSULTANT Business Telephone (917) 361-9191
Business Address 342 AVE W Business Fax
City BROOKLYN State NY Zip 11223 Mobile Telephone
Email KINETIC.DESIGN.CONSULTANT@GMAIL.COM License No. 95159

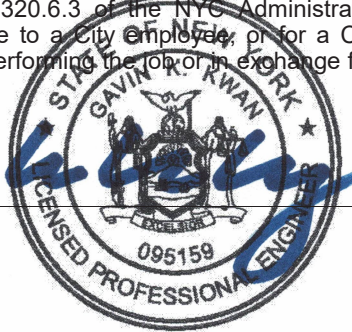
3 TYPE OF REQUEST

- ☒ 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: 06-09-2023

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: _____