



Letter of Completion Request

(Form must be typewritten)

1 LOCATION INFORMATION

House No(s) 35 Street Name West 67th Street Work Proposed on Floor No(s) GRD
Borough Manhattan Block 1120 Lot 9 BIN 1028237 CB No. 107

2 REQUESTOR INFORMATION

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

Last Name Ruggeri First Name Alex Middle Initial
Business Name Construction Permit Services Business Telephone 2122465111
Business Address 470 Headquarters Plaza, North Tower, 2nd Fl Business Fax
City Morristown State NJ Zip 07960 Mobile Telephone
Email Kristin@cpermit.com License No. 003485

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: *Alex Ruggeri*

Date: 7/23/2025

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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: _____