



Letter of Completion Request

(Form must be typewritten)

1 LOCATION INFORMATION

House No(s) 550 Street Name MADISON AVENUE Work Proposed on Floor No(s) OSP
Borough MANHATTAN Block 1291 Lot 10 BIN 1035769 CB No. 105

2 REQUESTOR INFORMATION

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

Last Name MONTOYO First Name JONATHAN Middle Initial
Business Name A1 EXPEDITING SERVICE CORP. Business Telephone (718) 366-1820
Business Address 959 FULTON STREET Business Fax (718) 366-1822
City FARMINGDALE State NY Zip 11735 Mobile Telephone
Email INFO@A1EXPEDITING.COM License No. 002479

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 LL146/21.

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:

Jonathan Montoyo

Date: 01-05-2024

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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: _____