



DEPT OF BLDGS 123427309 Job Number

ES055514204 Scan Code

PW7:

Letter of Completion Request

(Must be typewritten)

1 LOCATION INFORMATION

House No(s) 330 Street Name SEVENTH AVENUE Work Proposed on Floor No(s) 9
Borough manhattan Block 778 Lot 43 BIN 1014264 CB No. 105

2 REQUESTOR INFORMATION

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

Last Name CUEVAS,PEN,CAS, BOCCA First Name MIKE,RAY,ERI,LO Middle Initial
Business Name CONVERSANO ASSOCIATES Business Telephone 212 791-0818
Business Address 150 BROADWAY, 1616 Business Fax
City NEW YORK State NY Zip 10038 Mobile Telephone
E-Mail MIKE@CAINYC.COM License Number 001636

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.

6/8/21

Requestor Signature

Date

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) _____ | | |