



# Letter of Completion Request

(Form must be typewritten)

## 1 LOCATION INFORMATION

House No(s) 20 Street Name WEST 39 STREET Work Proposed on Floor No(s) 002  
Borough MANHATTAN Block 840 Lot 60 BIN 1016007 CB No. 105

## 2 REQUESTOR INFORMATION

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

Last Name BERZAK First Name MICHAEL Middle Initial D  
Business Name BERZAK ASSOCIATES ARCHITECTS, PC Business Telephone 212-505-3350  
Business Address 110 WEST 34TH STREET, 6TH FLOOR Business Fax 212-505-3734  
City NEW YORK State NY Zip 10001 Mobile Telephone 917-681-2282  
Email MBERZAK@BERZAKARCHITECTS.COM License No. 017519

## 3 TYPE OF REQUEST

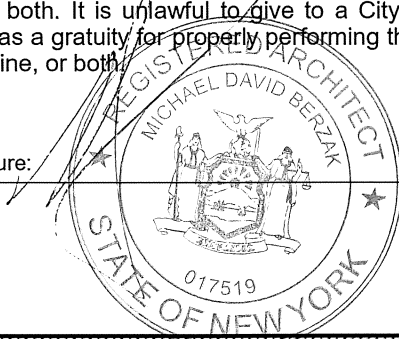
- ☒ Letter of Completion (Directive 14 or Non-Directive 14)
- ☐ Notification of removal of chute, fence, supported scaffold, sidewalk shed, temporary hoist, support of excavation, or other temporary construction equipment. No final inspection is required per LL146/21.

## 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:

Date: 02/07/2023



### 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: \_\_\_\_\_