



PW7: Letter of Completion Request

(Must be typewritten)

1 LOCATION INFORMATION

House No(s) 1766	Street Name 2nd ave	Work Proposed on Floor No(s) 001
Borough MANHTTAN	Block 1555 Lot 01	BIN 1090539 CB No. 108

2 REQUESTOR INFORMATION

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

Last Name GOLDBERG	First Name TARYN	Middle Initial
Business Name ROYALT EXPEDITING	Business Telephone 917 509 1195	
Business Address 446 EAST MEADOW AVE	Business Fax 516 385 3022	
City EAST MEADOW State NY Zip 11554	Mobile Telephone 917 509 1195	
E-Mail ROYALTEXPEDITING@GMAIL.COM	License Number 004445	

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.

Requestor Signature

Date

4/28/2021

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): | ☐ TR-1 Error(s): | ☐ Other: _____ | |
| ☐ Form(s) missing/incomplete: Form(s) _____ | Section(s)/Reason(s) _____ | | |
| ☐ Other: _____ | | | |