



PW7: Letter of Completion Request

(Must be typewritten)

1 LOCATION INFORMATION

House No(s) 145	Street Name WEST 75 STREET	Work Proposed on Floor No(s)
Borough MANHATTAN	Block 1147 Lot 111	BIN 1030161 CB No. 107

2 REQUESTOR INFORMATION

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

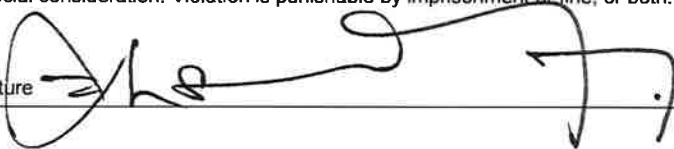
Last Name HAQUE	First Name MOHAMMAD	Middle Initial E
Business Name HAQUE AND ASSOCIATES LLC	Business Telephone (347) 987-2100	
Business Address 48 WALL STREET, SUITE 1100	Business Fax	
City NEW YORK	State NY	Zip 10005
E-Mail EHAQUENY@GMAIL.COM	Mobile Telephone	
	License Number 007822	

3 TYPE OF REQUEST

- ☒ Letter of Completion (Directive 14 or Non-Directive 14)
REQUESTING SIGN-OFF

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 06-01-2021

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