



PW7:

Letter of Completion Request

(Must be typewritten)

1 LOCATION INFORMATION

House No(s)	511	Street Name	GREENWICH STREET	Work Proposed on Floor No(s)	ROOF
Borough	MANHATTAN	Block	594	Lot	32
BIN	1010293	CB No.	102		

2 REQUESTOR INFORMATION

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

Last Name	LAWRENCE	First Name	TEISHA	Middle Initial	
Business Name	NEW AMSTERDAM EXPEDITING INC.			Business Telephone	(212) 514-7744
Business Address	26 BROADWAY - SUITE#954			Business Fax	
City	NEW YORK	State	NEW YORK	Zip	10004
E-Mail	PERMITGAL.NEWAMSTERDAM@GMAIL.COM			Mobile Telephone	(917) 217-2155
				License Number	001033

3 TYPE OF REQUEST

- ☒ Letter of Completion (Directive 14 or Non-Directive 14)
SIGNOFF TECHNICAL REPORTS AND EQUIPMENT USE APPLICATION SCANNED INTO B-SCAN VIRTUAL FOLDER 3/24/2022. UPDATED EUP CARDS UPLOADED. RESPECTFULLY REQUEST EQUIPMENT USE PERMIT CARDS AND DIRECTIVE 14 LETTER OF COMPLETION ISSUANCE.

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 Teisha Lawrence

Date 04-15-2022

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