



PW7: Letter of Completion Request

(Must be typewritten)

1 LOCATION INFORMATION

House No(s) 639 Street Name 10th Avenue Work Proposed on Floor No(s)
Borough Manhattan Block 1047 Lot 30 BIN 1026940 CB No. 104

2 REQUESTOR INFORMATION

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

Last Name Willoughby First Name Derrick Middle Initial A
Business Name Cross River Zoning Associates Business Telephone (908) 351-2809
Business Address 219 Surrey Road Business Fax
City Hillside State NJ Zip 07205 Mobile Telephone
E-Mail greggrothsteinarchitect@gmail.com License Number 1303

3 TYPE OF REQUEST

☒ Letter of Completion (Directive 14 or Non-Directive 14)

Respectfully request permission to issue a Letter of Completion for the above captioned project.

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 01-26-2022

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: _____