



PW7:

Letter of Completion Request

(Must be typewritten)

1 LOCATION INFORMATION

House No(s) 362	Street Name RIVERSIDE DRIVE	Work Proposed on Floor No(s) OSP
Borough Manhattan	Block 1893 Lot 3	BIN 1057299 CB No. 107

2 REQUESTOR INFORMATION

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

Last Name DIAZ	First Name DOMINGO	Middle Initial J
Business Name DIAZ ARCHITECTS, INC	Business Telephone (212) 730-2240	
Business Address 225 WEST 39TH STREET 12TH FLOOR	Business Fax (212) 730-8611	
City NEW YORK	State NY	Zip 10018
E-Mail DDIAZ@DIAZARCHITECTS.COM	Mobile Telephone () -	License Number 024340

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

7/29/22

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):		
☐ Form(s) missing/incomplete: Form(s)	Section(s)/Reason(s)		
☐ Other:			