



PW7:

Letter of Completion Request

123788446 (Must be typewritten)

1 LOCATION INFORMATION

House No(s) 134	Street Name East 80th Street	Work Proposed on Floor No(s) Apt. 3B,3
Borough Manhattan	Block 1508 Lot 159	BIN 1047501 CB No. 108

2 REQUESTOR INFORMATION

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

Filing Rep

Last Name Colon	First Name Rachel	Middle Initial
Business Name Milrose Consultants	Business Telephone (646) 459-8628	
Business Address 498 Seventh Avenue, 17th Floor	Business Fax (212) 643-4859	
City New York	State NY	Zip 10018
E-Mail rcolon@milrose.com	Mobile Telephone	
	License Number	

3 TYPE OF REQUEST

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

Please issue the letter of completion.

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

5/24/2022

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