



PW7:

Letter of Completion Request

(Must be typewritten)

1 LOCATION INFORMATION

House No(s) 150	Street Name West 96 street	Work Proposed on Floor No(s) 001 thru 014
Borough Manhattan	Block 1226 Lot 45	BIN 1032613 CB No. 107

2 REQUESTOR INFORMATION

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

Last Name Boyd	First Name Andrea	Middle Initial
Business Name Boyd Consulting Inc	Business Telephone (646) 619-3620	
Business Address 50 Broadway Suite 3600	Business Fax (646) 619-3626	
City New York	State NY	Zip 10004
E-Mail Andrea@boydconsult.com		Mobile Telephone
		License Number 2803

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

Andrea Boyd

Date 11-07-2022

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: _____			