

Letter of Completion Request

(Form must be typewritten)

1 LOCATION INFORMATION

House No(s) **1043** Street Name **MADISON AVENUE** Work Proposed on Floor No(s) **001 thru 005**
Borough **MANHATTAN** Block **1491** Lot **52** BIN **1046452** CB No. **108**

2 REQUESTOR INFORMATION

Individual's Relationship to Job (i.e., Applicant, Owner Filing Representative) **FILING REP**

Last Name **MOLINO** First Name **DANA** Middle Initial
Business Name **DOMANI CONSULTING INC** Business Telephone **(516) 256-0317**
Business Address **68 WHITEHALL STREET** Business Fax
City **LYNBROOK** State **NY** Zip **11563** Mobile Telephone
Email **DMOLINO@DOMANICONSULTINGINC.COM** License No. **8335**

3 TYPE OF REQUEST

- ☒ Letter of Completion (Directive 14 or Non-Directive 14)
- ☐ Notification of removal of chute, fence, supported scaffold, sidewalk shed, temporary hoist, support of excavation, or other temporary construction equipment. No final inspection is required per LL146/21.

4 STATEMENTS & 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 § 28-320.6.3 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's Signature: Dana Molino

Date: **10-08-2025**

FOR OFFICE USE ONLY

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
- ☐ Missing inspection Sign-off(s): ☐ Construction ☐ Plumbing ☐ Electrical ☐ Other: _____
- ☐ Missing Required Item(s): _____ TR1 Error(s): _____
- ☐ Form(s) Missing/Incomplete: Form(s) _____ Section(s)/Reason(s): _____
- ☐ Other: _____