



PW7:

Letter of Completion Request

(Must be typewritten)

1 LOCATION INFORMATION

House No(s) 530 Street Name PARK AVENUE Work Proposed on Floor No(s) 009

Borough MANHATTAN Block 1375 Lot 7503 BIN 1040806 CB No. 108

2 REQUESTOR INFORMATION

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

Last Name LETICIA

First Name ARIAS

Middle Initial

Business Name Metropolis Group, Inc.

Business Telephone 212-233-6344

Business Address 22 Cortlandt Street, 10th floor

Business Fax (212) 233-6333

City NEW YORK

State NY

Zip 10007

Mobile Telephone

E-Mail LeticiaA@metropolisny.com

License Number

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 Leticia Arias

Date 09-14-2021

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: _____ | | | |