



PW7: Letter of Completion Request

(Must be typewritten)

1 LOCATION INFORMATION

House No(s) 2427 Street Name Boston Road Work Proposed on Floor No(s) 1,2
Borough Bronx Block 4430 Lot 4 BIN 2051305 CB No. 211

2 REQUESTOR INFORMATION

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

Last Name Rabinoff First Name Steven Middle Initial B
Business Name STEVEN B RABINOFF, ARCHITECT P.C. Business Telephone 718-224-8100
Business Address 184 Bay Drive Business Fax 718-224-8641
City Woodmere State NY Zip 11598 Mobile Telephone
E-Mail sbr@rabinoff-architect.com License Number 13618

3 TYPE OF REQUEST

- ☒ Letter of Completion (Directive 14 or Non-Directive 14)
all work complete. Requesting 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 10-14-2021



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: _____