

1 LOCATION INFORMATION

House No(s) 2386 Street Name Jerome Avenue Work Proposed on Floor No(s) 01
Borough Bronx Block 3188 Lot 7 BIN 2014097 CB No. 205

2 REQUESTOR INFORMATION

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

Last Name Kostecki First Name Lukasz Middle Initial
Business Name SA Associates PLLC Business Telephone 718-222-0322
Business Address 110 York Street, 7th Floor Business Fax 718-222-4486
City Brooklyn State NY Zip 11201 Mobile Telephone
Email L.KOSTECKI@SCARANOARCHITECT.COM License No. 6538

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:

Lukasz Kostecki

Date: 3/22/2023

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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: _____