



PW7: Letter of Completion Request

(Must be typewritten)

1 LOCATION INFORMATION

House No(s) 2030	Street Name RYER AVENUE	Work Proposed on Floor No(s) 004
Borough BRONX	Block 3149 Lot 15	BIN 2013490 CB No. 205

2 REQUESTOR INFORMATION

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

Last Name JAFFA/CUMMINGS	First Name CHANANYA/DANIELLE	Middle Initial
Business Name JACK JAFFA & ASSOCIATES	Business Telephone (718)855-6110	
Business Address 147 PRINCE STREET	Business Fax 347.505.2038	
City BROOKLYN	State NY	Zip 11201
E-Mail CHASE@JACKJAFFA.COM		Mobile Telephone
		License Number 2159

3 TYPE OF REQUEST

- ☒ Letter of Completion (Directive 14 or Non-Directive 14)
RESPECTFULLY REQUESTING THE ITEMS REQUIRED TO BE RECEIVED.

THANK YOU.

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 03-23-2021

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 |
| ☐ Missing Required item(s): | ☐ TR-1 Error(s): | ☐ Other: _____ | |
| ☐ Form(s) missing/incomplete: Form(s) | Section(s)/Reason(s) _____ | | |
| ☐ Other: _____ | | | |