



PW7:
Letter of Completion Request
(Form must be typewritten)

1 LOCATION INFORMATION

House No(s) 640 Street Name West 232nd Street Work Proposed on Floor No(s) OSP
Borough Bronx Block 5742 Lot 139 BIN 2083461 CB No. 208

2 REQUESTOR INFORMATION

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

Last Name Leung First Name Denise Middle Initial
Business Name Pondosa Design Inc Business Telephone
Business Address 2726 Gerritsen Avenue Business Fax
City Brooklyn State NY Zip 11229 Mobile Telephone 917-468-7788
Email denise@pondosa.com License No. 5778

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:

Date: 09/05/2025

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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: _____