



PW7: Letter of Completion Request

(Must be typewritten)

1 LOCATION INFORMATION

House No(s) 888	Street Name Westchester Ave	Work Proposed on Floor No(s) Cel
Borough Bronx	Block 2696 Lot 30	BIN 2005346 CB No. 202

2 REQUESTOR INFORMATION

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

Last Name Torres	First Name Ralph	Middle Initial
Business Name CBA Consultants, Inc.	Business Telephone 718-729-8338	
Business Address 40-21 Bell Blvd 2nd Floor	Business Fax	
City Bayside	State NY	Zip 11361
E-Mail ralph@cba-consultants.com	Mobile Telephone	
	License Number 001364	

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

Date

6/1/2022

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: _____ | | | |