



PW7:

Letter of Completion Request

(Must be typewritten)

1 LOCATION INFORMATION

House No(s) 3640 Street Name Corlear Avenue Work Proposed on Floor No(s) Cellar, 01,02
Borough Bronx Block 5766 Lot 1747 BIN 2083865 CB No. 208

2 REQUESTOR INFORMATION

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

Last Name Montana First Name Richard Middle Initial
Business Name Richard Montana Architect PC Business Telephone 914-282-2349
Business Address 1511 Old Country Road Business Fax
City Elmsford State NY Zip 10523 Mobile Telephone 914-282-2349
E-Mail richardmontana58@gmail.com License Number 029173

3 TYPE OF REQUEST

☐ Letter of Completion (Directive 14 or Non-Directive 14)

Respectfully request receipt of Re-issued item Tax map (indicated twice) as uploaded with this document

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 09-13-2021

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: _____