



PW7: Letter of Completion Request

(Must be typewritten)

1 LOCATION INFORMATION

House No(s) 1033 Street Name SUMMIT AVENUE Work Proposed on Floor No(s) CEL 001 thru 004
Borough BRONX Block 2523 Lot 144 BIN 2003421 CB No. 204

2 REQUESTOR INFORMATION

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

Last Name HERMAN First Name ESTHER Middle Initial
Business Name NY DOB PERMITS Business Telephone
Business Address 1929 50TH STREET Business Fax
City BROOKLYN State NY Zip 11204 Mobile Telephone
E-Mail NYDOBPERRMITS@GMAIL.COM License Number

3 TYPE OF REQUEST

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

RESPECTFULLY REQUESTING A LETTER OF COMPLETION FOR APPLICATION 220717632

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 08-11-2021

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: _____