



PW7: Letter of Completion Request

(Must be typewritten)

1 LOCATION INFORMATION

House No(s) 750	Street Name EAST 166 STREET	Work Proposed on Floor No(s) OSP
Borough Bronx	Block 2640 Lot 1	BIN 2091972 CB No. 203

2 REQUESTOR INFORMATION

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

Last Name ISLAM	First Name MOHAMMED	Middle Initial M
Business Name AK CONSULTING SERVICES, INC	Business Telephone (718) 433-9775	
Business Address 37-53 72ND STREET SUITE-B	Business Fax (718) 806-1167	
City JACKSON HEIGHT State NY	Zip 11372	Mobile Telephone (347) 925-4030
E-Mail RICHARDAZ.NY@GMAIL.COM	License Number 006362	

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 12-06-2022

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