



PW7: Letter of Completion Request

(Must be typewritten)

1 LOCATION INFORMATION

House No(s) 576-588 Street Name TIMPSON PLACE Work Proposed on Floor No(s) 01
Borough BRONX Block 02603 Lot 0073 BIN 2004134 CB No. 202

2 REQUESTOR INFORMATION

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

Last Name DA/FE/BE/BO

First Name AN/AN/IV/SA

Middle Initial

Business Name JM ZONING

Business Telephone (646) 679-1062

Business Address 225 BROADWAY SUITE 1300

Business Fax (775) 628 3726

City NEW YORK

State NY

Zip 10007

Mobile Telephone (917) 693.6394

E-Mail ALT@JMZONING.COM

License Number 007300

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

Andrew Feuerberg

Date 8/16/22

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