

# Letter of Completion Request

(Form must be typewritten)

Job#

## 1 LOCATION INFORMATION

House No(s) 37 Street Name FEATHERBED LANE Work Proposed on Floor No(s) 001, BAS  
Borough BRONX Block 2865 Lot 126 BIN 2008431 CB No. 205

## 2 REQUESTOR INFORMATION

Individual's Relationship to Job (i.e., Applicant, Owner Filing Representative)

Last Name TOSCANO First Name PHILIP Middle Initial  
Business Name PHILIP TOSCANO, ARCHITECTS Business Telephone (718) 349-3350  
Business Address 418 GRAHAM AVENUE Business Fax (718) 349-3479  
City BROOKLYN State NY Zip 11211 Mobile Telephone (917) 743-0204  
Email philip@ptarchitects.com License No. 020848

## 3 TYPE OF REQUEST

- ☒ Letter of Completion (Directive 14 or Non-Directive 14)  
☐ Notification of removal of chute, fence, supported scaffold, sidewalk shed, temporary hoist, support of excavation, or other temporary construction equipment. No final inspection is required per LL146/21.

## 4 STATEMENTS & 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 § 28-320.6.3 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's Signature:



Date: 12-05-2023

## FOR OFFICE USE ONLY

### 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  
☐ Missing inspection Sign-off(s): ☐ Construction ☐ Plumbing ☐ Electrical ☐ Other: \_\_\_\_\_  
☐ Missing Required Item(s): \_\_\_\_\_ TR1 Error(s): \_\_\_\_\_  
☐ Form(s) Missing/Incomplete: Form(s) \_\_\_\_\_ Section(s)/Reason(s): \_\_\_\_\_  
☐ Other: \_\_\_\_\_