



# PW7: Letter of Completion Request

(Must be typewritten)

## 1 LOCATION INFORMATION

House No(s) 3549 Street Name Johnson Avenue Work Proposed on Floor No(s) Cel, 01  
Borough Bronx Block 5794 Lot 501 BIN 2084160 CB No. 208

## 2 REQUESTOR INFORMATION

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

Last Name Walleston First Name Cortney Middle Initial  
Business Name C.Wall Architecture Business Telephone (347) 689-2652  
Business Address 123 Meserole Avenue Business Fax  
City Brooklyn State NY Zip 11222 Mobile Telephone (347) 277-2222  
E-Mail cortney@cwallarchitecture.com License Number 03229

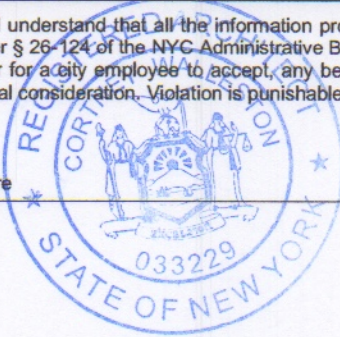
## 3 TYPE OF REQUEST

- ☒ Letter of Completion (Directive 14 or Non-Directive 14)  
Requesting sign off of application 240291493

## 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



*[Handwritten Signature]*

Date 3.12.21

### 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: \_\_\_\_\_