

# Letter of Completion Request

(Must be typewritten)

## 1 LOCATION INFORMATION

|                  |                            |                                  |
|------------------|----------------------------|----------------------------------|
| House No(s) 6114 | Street Name Fieldston Road | Work Proposed on Floor No(s) ROF |
| Borough 2        | Block 5883 Lot 1150        | BIN 2085524 CB No. 208           |

## 2 REQUESTOR INFORMATION

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

|                                     |                                  |                  |
|-------------------------------------|----------------------------------|------------------|
| Last Name Sachs                     | First Name Gregory               | Middle Initial D |
| Business Name EmPower Solar CES LLC | Business Telephone (516)544-4115 |                  |
| Business Address 4589 Austin Blvd   | Business Fax (516) 706-1789      |                  |
| City Island Park                    | State NY Zip 11558               | Mobile Telephone |
| E-Mail Permitting@empower-solar.com | License Number 084531            |                  |

## 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 4-12-2023

### Disapproval Reasons Review request cannot be processed for the following reasons:

- |                                                                    |                                                                         |                                         |                                                                 |
|--------------------------------------------------------------------|-------------------------------------------------------------------------|-----------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> Fees unpaid                               | <input type="checkbox"/> Open ECB/DOB Violation(s)                      | <input type="checkbox"/> Incomplete PAA | <input type="checkbox"/> Audit Conditions Pending / Job on Hold |
| <input type="checkbox"/> Missing inspection Sign-off(s):           | <input type="checkbox"/> Construction <input type="checkbox"/> Plumbing | <input type="checkbox"/> Electrical     | <input type="checkbox"/> Other: _____                           |
| <input type="checkbox"/> Missing Required item(s): _____           | <input type="checkbox"/> TR-1 Error(s): _____                           |                                         |                                                                 |
| <input type="checkbox"/> Form(s) missing/incomplete: Form(s) _____ | Section(s)/Reason(s) _____                                              |                                         |                                                                 |
| <input type="checkbox"/> Other: _____                              |                                                                         |                                         |                                                                 |