



PW7:
Letter of Completion Request
(Form must be typewritten)

1 LOCATION INFORMATION

House No(s) 747 Street Name East 221st Street Work Proposed on Floor No(s) ROO CEL
Borough Bronx Block 4669 Lot 27 BIN 2058170 CB No. 212

2 REQUESTOR INFORMATION

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

Last Name STOUT First Name JAMES Middle Initial J
Business Name JAMES J STOUT ARCHITECT & ASSOCIATES Business Telephone 631 858 9388
Business Address 2 GREG LANE Business Fax
City EAST NORTHPORT State NY Zip 11731 Mobile Telephone 631 513 0133
Email NYCSUBMISSIONS@JAMESSTOUTARCH.COM License No. 021633

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: James Stout Date: 11/27/2023

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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: _____