



PW7:

# Letter of Completion Request

(Must be typewritten)

## 1 LOCATION INFORMATION

House No(s) 4390

Street Name KATONAH AVENUE

Work Proposed on Floor No(s) 1

Borough BRONX

Block 3390

Lot 1

BIN 2019590

CB No. 212

## 2 REQUESTOR INFORMATION

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

Last Name MIGUEL

First Name NESTOR

Middle Initial

Business Name N/A

Business Telephone

Business Address 4390 KATONAH AVENUE

Business Fax

City BRONX

State NY

Zip 10470

Mobile Telephone 646-546-2117

E-Mail

License Number

## 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

Nestor Miguel

10-10-23

Date ~~10-28-2023~~

### 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"/> Missing Required item(s):                 | <input type="checkbox"/> TR-1 Error(s):            | <input type="checkbox"/> Other: _____   |                                                                 |
| <input type="checkbox"/> Form(s) missing/incomplete: Form(s) _____ | Section(s)/Reason(s) _____                         |                                         |                                                                 |
| <input type="checkbox"/> Other: _____                              |                                                    |                                         |                                                                 |