



PW7: Letter of Completion Request

(Must be typewritten)

1 LOCATION INFORMATION

House No(s)	40	Street Name	CLINTON ST	Work Proposed on Floor No(s)	001
Borough	BROOKLYN	Block	238	Lot	65
		BIN	3001936	CB No.	302

2 REQUESTOR INFORMATION

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

Last Name	DZIEWIT	First Name	KAMILA	Middle Initial	
Business Name	KX CONSULTING INC			Business Telephone	(646) 353-5741
Business Address	7206 73RD PLACE			Business Fax	
City	GLENDALE	State	NY	Zip	11385
E-Mail	KAMILA.DZIEWIT@GMAIL.COM			Mobile Telephone	
				License Number	004582

3 TYPE OF REQUEST

☒ Letter of Completion (Directive 14 or Non-Directive 14)

PLEASE ISSUE LOC

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

Kamila Dziek

Date 11/15/2022

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 |
| ☐ Missing Required item(s): | ☐ TR-1 Error(s): | ☐ Other: | |
| ☐ Form(s) missing/incomplete: Form(s) | Section(s)/Reason(s) | | |
| ☐ Other: | | | |