



PW7:

Letter of Completion Request

(Form must be typewritten)

1 LOCATION INFORMATION

House No(s) 511 Street Name BAY RIDGE PARKWAY Work Proposed on Floor No(s) CEL,OSP
Borough BROOKLYN Block 5931 Lot 84 BIN 3148427 CB No. 310

2 REQUESTOR INFORMATION

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

Last Name GEARY First Name JEFFREY Middle Initial
Business Name AVID ARCHITECTURE, PLLC Business Telephone 718-227-3724
Business Address 3715 AMBOY ROAD Business Fax
City STATEN ISLAND State NY Zip 10307 Mobile Telephone 347-297-9692
Email JGEARY@AVIDARCHITECTURE.COM License No. 030200

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:

Date: 9.18.2023

FOR OFFICE USE ONLY

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: _____