



PW7: Letter of Completion Request

(Must be typewritten)

1 LOCATION INFORMATION

House No(s) 682	Street Name 10th STREET	Work Proposed on Floor No(s) BAS, 001, CEL
Borough BROOKLYN	Block 1095 Lot 31	BIN 3026213 CB No. 306

2 REQUESTOR INFORMATION

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

Last Name ANZALONE	First Name JAMES	Middle Initial I
Business Name ANZALONE ARCHITECTURE PLLC	Business Telephone (718) 852-8580	
Business Address 332 DOUGLASS STREET	Business Fax	
City BROOKLYN	State NY Zip 11217	Mobile Telephone
E-Mail JA_ANZARCH@PROTONMAIL.COM	License Number RA 026010	

3 TYPE OF REQUEST

- ☒ Letter of Completion (Directive 14 or Non-Directive 14)
PLEASE ISSUE LETTER OF COMPLETION FOR DOB # 321252826. THANK YOU.
JOB HAS BEEN REINSTATED AS OF 11/10/21

4 STATEMENTS AND SIGNATURES

By signing below, I understand that all the information provided is true and correct, and that falsification of any statement is a misdemeanor under § 26-124 of the NYC Administrative Code, or for a city employee to accept, or in exchange for special consideration. Violation is punishable by a fine or imprisonment, or both. It is unlawful to give or receive a gratuity for properly performing the job or in connection with the job.



Requestor Signature

Date 11-10-2021

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