



DEPT BLDGS Job No. 321375506



Scan Code ESHS2350608



PW7:

Letter of Completion Request

(Form must be typewritten)

1 LOCATION INFORMATION

House No(s) 80

Street Name KENT STREET

Work Proposed on Floor No(s) 2ND

Borough BROOKLYN

Block 2557

Lot 24

BIN 3337033

CB No. 301

2 REQUESTOR INFORMATION

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

Last Name VEDMED

First Name DINA

Middle Initial

Business Name DINA VEDMED ARCHITECT

Business Telephone (212) 226-5722

Business Address 500 GREENWICH STREET, SUITE 501-E

Business Fax

City NEW YORK

State NY

Zip 10013

Mobile Telephone

Email ARCHITECT2@EARTHLINK.NET

License No. 024178

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:

3/19/25

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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: _____