

Letter of Completion Request

(Must be typewritten)

1 LOCATION INFORMATION

House No(s) 1676	Street Name Flatbush Avenue	Work Proposed on Floor No(s) Osp
Borough Brooklyn	Block 7597 Lot 41	BIN 3207265 CB No. 318

2 REQUESTOR INFORMATION

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

Last Name Reed	First Name Brenda	Middle Initial
Business Name Vassalotti Associates Architects	Business Telephone 516-326-5353	
Business Address 66 Powerhouse Road	Business Fax 516-326-5355	
City Roslyn Htgs	State NY	Zip 11577
E-Mail Brenda@vassalotti.com	Mobile Telephone	
	License Number 004495	

3 TYPE OF REQUEST

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

Brenda Reed

Date

4/29/2021

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