



PW7:
Letter of Completion Request
(Must be typewritten)

1 LOCATION INFORMATION

House No(s) 401 Street Name HICKS STREET Work Proposed on Floor No(s)
Borough Brooklyn Block 300 Lot 7501 BIN 3335989 CB No. 306

2 REQUESTOR INFORMATION

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

Last Name HUMPHREYS First Name JOAN Middle Initial
Business Name EXPEDITION NYC Business Telephone (212) 233-0295
Business Address 1270 Fifth Avenue Business Fax
City New York State NY Zip 10029 Mobile Telephone
E-Mail joan@expeditionnyc.net License Number

3 TYPE OF REQUEST

☒ Letter of Completion (Directive 14 or Non-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

Date

7.19.2021

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: _____