



PW7:

Letter of Completion Request

(Form must be typewritten)

1 LOCATION INFORMATION

House No(s) 2335 Street Name BATH AVENUE Work Proposed on Floor No(s) CEL, 001 THRU 003
Borough BROOKLYN Block 6874 Lot 6 BIN 3185913 CB No. 311

2 REQUESTOR INFORMATION

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

Last Name GIULIANO First Name SEBASTIAN Middle Initial
Business Name DESIGN STUDIO ASSOCIATES NY INC Business Telephone (718) 569-2112
Business Address 527 COURT STREET - SUITE C3 Business Fax (718) 360-4571
City BROOKLYN State NY Zip 11231 Mobile Telephone (718) 569-2229
Email SEBASTIAN@DSANY.COM License No. 003653

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: 03-08-2023

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: _____