



PW7: Letter of Completion Request

(Must be typewritten)

1 LOCATION INFORMATION

House No(s)	255	Street Name	18 STREET	Work Proposed on Floor No(s)	002,003,004
Borough	BROOKLYN	Block	873	Lot	69
		BIN	3016787	CB No.	307

2 REQUESTOR INFORMATION

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

Last Name	GEARY	First Name	JEFFREY	Middle Initial	
Business Name	AVID DESIGNS, INC.			Business Telephone	7182273724
Business Address	7513 AMBOY ROAD			Business Fax	
City	STATEN ISLAND	State	NY	Zip	10307
E-Mail	JGEARY@AVIDARCHITECTURE.COM			Mobile Telephone	3472979692
				License Number	030200

3 TYPE OF REQUEST

- ☒ Letter of Completion (Directive 14 or Non-Directive 14)
REQUESTING LETTER OF COMPLETION

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 6.17.2022

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: | | | |