



PW7: Letter of Completion Request

(Must be typewritten)

1 LOCATION INFORMATION

House No(s) 901 Street Name ST MARKS AVENUE Work Proposed on Floor No(s) 001 to 003, BAS
Borough BROOKLYN Block 01222 Lot 00048 BIN 3030781 CB No. 308

2 REQUESTOR INFORMATION

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

Last Name COOK First Name DARRYL Middle Initial E
Business Name GRAFEDE ARCHITECTURE, PLLC Business Telephone (646) 251-2711
Business Address 262 PROSPECT PARK WEST, SUITE 2 Business Fax
City BROOKLYN State NY Zip 11215 Mobile Telephone
E-Mail DARRYL.C@GRAFEDE.COM License Number 040168

3 TYPE OF REQUEST

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

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 03-10-2022



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