

**PW7:**  
**Letter of Completion Request**  
(Form must be typewritten)

**1 LOCATION INFORMATION**

House No(s) 2004 Street Name McDonald Avenue Work Proposed on Floor No(s) Cel, 01, 02  
Borough Brooklyn Block 6680 Lot 11 BIN 3178501 CB No. 311

**2 REQUESTOR INFORMATION**

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

Last Name Love First Name Yona Middle Initial  
Business Name Yona Love Consulting Services Business Telephone 718-252-9576  
Business Address 1928 Bay Avenue Business Fax  
City Brooklyn State NY Zip 11230 Mobile Telephone  
Email yonal@yonalove.com License No. 002659

**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: Yona Love

Date: 07/29/2025

**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: \_\_\_\_\_