

Letter of Completion Request

(Form must be typewritten)

1 LOCATION INFORMATION

House No(s) 1201 Street Name ST JOHNS PLACE Work Proposed on Floor No(s) OSP
Borough BROOKLYN Block 1376 Lot 79 BIN 3036724 CB No. 308

2 REQUESTOR INFORMATION

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

Last Name HOFFMAN First Name CHAYA Middle Initial S
Business Name THE EXPEDITER GROUP LLC Business Telephone (718) 633-0949
Business Address 6007 16 AVENUE Business Fax
City BROOKLYN State NY Zip 11204 Mobile Telephone
Email SARAH@EXPEDITERGROUP.COM License No. 002849

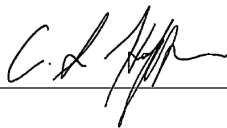
3 TYPE OF REQUEST

- ☐ 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: 9/17/25

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: _____