



PW7: Letter of Completion Request

(Must be typewritten)

1 LOCATION INFORMATION

House No(s) **2779** Street Name **Strickland Avenue** Work Proposed on Floor No(s) **ROOF**
Borough **Brooklyn** Block **8593** Lot **9** BIN **3242467** CB No. **318**

2 REQUESTOR INFORMATION

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

Last Name **PETERSEN** First Name **THOMAS** Middle Initial
Business Name **TOM PETERSEN ARCHITECT, LLC** Business Telephone **(732) 730-1763**
Business Address **6 COUNTRY LANE** Business Fax
City **HOWELL** State **NJ** Zip **07731** Mobile Telephone
E-Mail **PETERSEN8@OPTONLINE.NET** License Number **035290**

3 TYPE OF REQUEST

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

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 **1/13/2022**

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: _____ | | | |