

Letter of Completion Request

22131

(Must be typewritten)

1 LOCATION INFORMATION

House No(s) 260-48	Street Name 73 AVENUE	Work Proposed on Floor No(s) BAS
Borough Queens	Block 8446 Lot 1	BIN 4461103 CB No. 413

2 REQUESTOR INFORMATION

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

Last Name GERMAIN JR.	First Name ROBERT	Middle Initial F.
Business Name ROBERT F. GERMAIN JR., PE	Business Telephone 914-668-7086	
Business Address 443 EAST FIFTH STREET	Business Fax	
City MT. VERNON	State NY	Zip 10553
E-Mail	Mobile Telephone	
	License Number 65403	

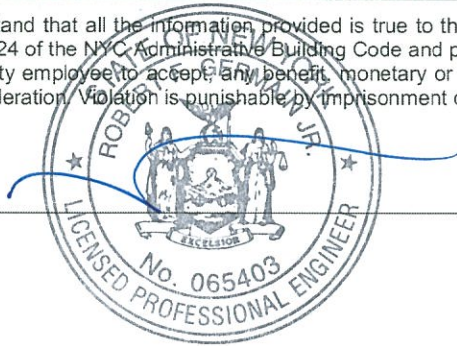
3 TYPE OF REQUEST

☒ 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

11/21/2022

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