



PW7:

Letter of Completion Request

(Must be typewritten)

1 LOCATION INFORMATION

House No(s) 212-12 Street Name Northern Blvd Work Proposed on Floor No(s) OSP
Borough QUEENS Block 7313 Lot 15 BIN 4156883 CB No. 411

2 REQUESTOR INFORMATION

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

Last Name SFETCU First Name LUIZ Middle Initial
Business Name JLS DESIGNS Business Telephone (718) 224-3330
Business Address 214-41 42ND AVE Business Fax
City BAYSIDE State NY Zip 11361 Mobile Telephone
E-Mail ANTHONY@JLSDESIGNSNYC.COM License Number 6154

3 TYPE OF REQUEST

- ☒ Letter of Completion (Directive 14 or Non-Directive 14)
ALL TR-1 PW3 UPLOADED

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

3/17/21

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) _____ | | |