



Letter of Completion Request

(Form must be typewritten)

421335861

1 LOCATION INFORMATION

House No(s) 34-09	Street Name 111th Street	Work Proposed on Floor No(s) CEL
Borough QUEENS	Block 1755 Lot 102	BIN 4043821 CB No. 403

2 REQUESTOR INFORMATION

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

Last Name TORRICO	First Name FRED	Middle Initial W.
Business Name FRED W. TORRICO ARCHITECT		Business Telephone (917) 745-1266
Business Address 33-16 104th Street (2nd Floor)		Business Fax (866) 328-7775
City Corona	State NY Zip 11368	Mobile Telephone
Email fwtarktect@yahoo.com		License No. 023257

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:

11/16/23

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: _____ | | | | |