



PW7:
Letter of Completion Request
(Must be typewritten)

1 LOCATION INFORMATION

House No(s) 70-35	Street Name 110 STREET	Work Proposed on Floor No(s) OSP
Borough QUEENS	Block 2233 Lot 4	BIN 4052547 CB No. 406

2 REQUESTOR INFORMATION

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

Last Name DAVI	First Name BENEDETTO	Middle Initial
Business Name ANTHONY CUCICH ARCHITECT	Business Telephone (718) 726-1709	
Business Address 37-02 ASTORIA BLVD	Business Fax	
City ASTORIA	State NY	Zip 11103
E-Mail TONY@A-CUCICH.COM	Mobile Telephone (917) 854-2133	
		License Number 7349

3 TYPE OF REQUEST

☒ Letter of Completion (Directive 14 or Non-Directive 14)
DIR 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 10-22-2021

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) _____ | | |