



PW7: Letter of Completion Request

(Must be typewritten)

1 LOCATION INFORMATION

House No(s) 35- 11	Street Name 36 STREET	Work Proposed on Floor No(s) OSP
Borough Queens	Block 64 0 Lot 17	BIN 4 0096 01 CB No. 4 01

2 REQUESTOR INFORMATION

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

Last Name Dildar	First Name Aslihan	Middle Initial
Business Name Spring Scaffolding LLC	Business Telephone 718-392-4921	
Business Address 49-30 31th Place	Business Fax	
City L.I.C	State NY Zip 11101	Mobile Telephone
E-Mail aslihan.dildar@springscaffolding.com	License Number 5795	

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 11-8-21

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