



PW7: Letter of Completion Request

(Form must be typewritten)

421581461

1 LOCATION INFORMATION

House No(s) 26-01 Street Name 1st Street Work Proposed on Floor No(s) MEZ,1

Borough Queens Block 915 Lot 6 BIN 4020698 CB No. 401

2 REQUESTOR INFORMATION

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

Last Name Brown

First Name Karen

Middle Initial

Business Name Milrose Consultants, LLC

Business Telephone (212) 894-0157

Business Address 498 Seventh Ave, 17th Floor

Business Fax (212) 643-4859

City New York

State NY

Zip 10018

Mobile Telephone

Email kbrown@milrose.com

License No. 7159

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: 10/16/2023

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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: _____