



PW7: Letter of Completion Request

(Must be typewritten)

1 LOCATION INFORMATION

House No(s) 45-12 Street Name 48 AVENUE Work Proposed on Floor No(s) 001 THRU 002
Borough QUEENS Block 2289 Lot 30 BIN 4053021 CB No. 402

2 REQUESTOR INFORMATION

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

Last Name CHENG First Name CHI-MAN Middle Initial
Business Name MODERN BUILDING CONSULTANT Business Telephone 718-435-2623
Business Address 7407 13 AVENUE 1 ST FLOOR Business Fax
City BROOKLYN State NY Zip 11228 Mobile Telephone
E-Mail OFFICE@MODERNBUILDINGCONSULTANT.COM License Number

3 TYPE OF REQUEST

- ☒ Letter of Completion (Directive 14 or Non-Directive 14)
REPESTFULLY TO REQUEST FOR THE LETTER OF COMPLETION FOR THIS JOB. THIS JOB IS READY TO SIGN OFF.

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 10-18-2021

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