



PW7:

Letter of Completion Request

(Must be typewritten)

1 LOCATION INFORMATION

House No(s) 7-15 Street Name COLLEGE PLACE Work Proposed on Floor No(s) cel,01,02,att,rof,osp
Borough QUEENS Block 3942 Lot 5 BIN 4622924 CB No. 407

2 REQUESTOR INFORMATION

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

Last Name KANG First Name YATING Middle Initial
Business Name FANG ARCHITECT Business Telephone 646-838-4880
Business Address 35-18 LINDEN PLACE, 2F Business Fax
City FLUSHING State NY Zip 11354 Mobile Telephone
E-Mail info@fangpc.com License Number 5842

3 TYPE OF REQUEST

☐ Letter of Completion (Directive 14 or Non-Directive 14)

Sincerely request to receive final TR1, TR8 in items required.

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 06/22/2022

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: _____