

**PW7:****Letter of Completion Request***(Must be typewritten)***1 LOCATION INFORMATION**House No(s) **41-10**Street Name **Vernon Boulevard**Work Proposed on Floor No(s) **Roof**Borough **Queens**Block **465**Lot **1**BIN **4433405**CB No. **401****2 REQUESTOR INFORMATION**Individuals Relationship to Job *(Example: Applicant, Owner Filing Representative)***Applicant**Last Name **Stout**First Name **James**

Middle Initial

Business Name **James J Stout Architect & Associates P.C.**Business Telephone **(631) 858-9388**Business Address **2 Greg Lane**

Business Fax

City **East Northport**State **NY**Zip **11731**

Mobile Telephone

E-Mail **nycsubmissions@jamesstoutarch.com**License Number **021633****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 **James Stout**Date **08/10/21****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 |
| ☐ Missing Required item(s): | ☐ TR-1 Error(s): | ☐ Other: _____ | |
| ☐ Form(s) missing/incomplete: Form(s) _____ | Section(s)/Reason(s) _____ | | |
| ☐ Other: _____ | | | |