



PW7:

Letter of Completion Request

(Must be typewritten)

1 LOCATION INFORMATION

House No(s) 84-17	Street Name BRITTON AVENUE	Work Proposed on Floor No(s) CEL,001
Borough QUEENS	Block 1506 Lot 56	BIN 4037221 CB No. 404

2 REQUESTOR INFORMATION

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

Last Name TOSCANO	First Name PHILIP	Middle Initial
Business Name PHILIP TOSCANO, ARCHITECTS	Business Telephone 718-349-3350	
Business Address 418 GRAHAM AVENUE	Business Fax	
City BROOKLYN	State NY Zip 11211	Mobile Telephone
E-Mail PHILIP@PTARCHITECTS.COM	License Number 020848	

3 TYPE OF REQUEST

- ☒ Letter of Completion (Directive 14 or Non-Directive 14)
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 03/12/2021

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: _____			