



PW7: Letter of Completion Request

(Must be typewritten)

1 LOCATION INFORMATION

House No(s)	622	Street Name	Beach 69 Street	Work Proposed on Floor No(s)	Roof
Borough	Queens	Block	16029 Lot 12	BIN	4302504 CB No. 414

2 REQUESTOR INFORMATION

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

Last Name	Dunzik	First Name	Daniel	Middle Initial	
Business Name	N/A	Business Telephone	908-872-3664		
Business Address	370 Burnt Hill Road	Business Fax	732-902-6223		
City	Skillman	State	NJ	Zip	11412
E-Mail	studiogdesign@comcast.net	Mobile Telephone		License Number	039534

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

Date 6/17/2021

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