



PW7:

Letter of Completion Request

(Must be typewritten)

1 LOCATION INFORMATION

House No(s)	230-20	Street Name	53rd Ave.	Work Proposed on Floor No(s)	ROF	
Borough	Queens	Block	7509	Lot	33	
BIN			4161223	CB No.		411

2 REQUESTOR INFORMATION

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

Last Name	Ananthakrishnan	First Name	Malathi	Middle Initial		
Business Name	Synergic Design Architects			Business Telephone	908-429-7707	
Business Address	31 Dorr Rd.			Business Fax	908-464-6369	
City	New Providence	State	NJ	Zip	07974	
E-Mail				malathi@synergicdesign.com	Mobile Telephone	908-875-7221
					License Number	036233

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

Malathi

Date 03-04-2022

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