



PW7: Letter of Completion Request

(Must be typewritten)

1 LOCATION INFORMATION

House No(s) **183-03** Street Name **145 Road** Work Proposed on Floor No(s) **ROOF**
 Borough **Queens** Block **13327** Lot **1** BIN **4285634** CB No. **413**

2 REQUESTOR INFORMATION

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

Last Name **PETERSEN** First Name **THOMAS** Middle Initial
 Business Name **TOM PETERSEN ARCHITECT, LLC** Business Telephone **(732) 730-1763**
 Business Address **6 COUNTRY LANE** Business Fax
 City **HOWELL** State **NJ** Zip **07731** Mobile Telephone
 E-Mail **PETERSEN8@OPTONLINE.NET** License Number **035290**

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 **11/12/2021**

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: _____