

PW7: Letter of Completion Request

(Must be typewritten)

1 LOCATION INFORMATION

House No(s) 85-34	Street Name 239 STREET	Work Proposed on Floor No(s)
Borough QUEENS	Block 7955 Lot 315	BIN 4166570 CB No. 413

2 REQUESTOR INFORMATION

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

Last Name MAHANGU	First Name NARESH	Middle Initial
Business Name NY BUILDING ASSOCIATES INC	Business Telephone (929) 575-7500	
Business Address 124-15 METROPOLITAN AVENUE	Business Fax (516) 210-0141	
City QUEENS	State NY	Zip 11415
E-Mail info@nybuildingassociates.com	Mobile Telephone	License Number 089068

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: _____			