



PW7: Letter of Completion Request

(Must be typewritten)

1 LOCATION INFORMATION

House No(s) 8226	Street Name 263rd Street	Work Proposed on Floor No(s) ROF
Borough Queens	Block 8756 Lot 52	BIN 4179076 CB No. 413

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