



PW7: Letter of Completion Request

(Must be typewritten)

1 LOCATION INFORMATION

House No(s) 115-31	Street Name 120 Street	Work Proposed on Floor No(s) ROOF
Borough Queens	Block 11664 Lot 44	BIN 4252017 CB No. 410

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
E-Mail PETERSEN8@OPTONLINE.NET	License Number 035290	
	Mobile Telephone	

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 9/16/2022

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