

Letter of Completion Request

(Form must be typewritten)

1 LOCATION INFORMATION

House No(s) 184-27 Street Name 144 Road Work Proposed on Floor No(s) Roof
Borough Queens Block 13328 Lot 43 BIN 4285645 CB No. 413

2 REQUESTOR INFORMATION

Individual's Relationship to Job (i.e., Applicant, Owner Filing Representative) Applicant

Last Name Dunzik First Name Daniel Middle Initial
Business Name N/A Business Telephone 908-872-3664
Business Address 370 Burnt Hill Road Business Fax 732-902-6223
City Skillman State NJ Zip 11412 Mobile Telephone
Email studiogdesign@comcast.net License No. 039534

3 TYPE OF REQUEST

- ☒ Letter of Completion (Directive 14 or Non-Directive 14)
☐ Notification of removal of chute, fence, supported scaffold, sidewalk shed, temporary hoist, support of excavation, or other temporary construction equipment. No final inspection is required per LL 146/21.

4 STATEMENTS & 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 § 28-320.6.3 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's Signature:



Date: 04-20-2023

FOR OFFICE USE ONLY

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
☐ Missing inspection Sign-off(s): ☐ Construction ☐ Plumbing ☐ Electrical ☐ Other: _____
☐ Missing Required Item(s): _____ TR1 Error(s): _____
☐ Form(s) Missing/Incomplete: Form(s) _____ Section(s)/Reason(s): _____
☐ Other: _____