



Letter of Completion Request

(Form must be typewritten)

1 LOCATION INFORMATION

House No(s) **55-08** Street Name **Hamilton Place** Work Proposed on Floor No(s) **ROOF**
Borough **Queens** Block **2366** Lot **22** BIN **4054315** CB No. **405**

2 REQUESTOR INFORMATION

Individual's Relationship to Job (i.e., Applicant, Owner Filing Representative) **Applicant**
Last Name **Stout** First Name **James** Middle Initial _____
Business Name **James J Stout Architect & Associates P.C.** Business Telephone **(631) 858-9388**
Business Address **2 Greg Lane** Business Fax _____
City **East Northport** State **New York** Zip **11731** Mobile Telephone _____
Email **nycsubmissions@jamesstoutarch.com** License No. **021633**

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 LL146/21.

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: James Stout Date: 06/12/2023 17:36 UTC

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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: _____