



PW7: Letter of Completion Request

(Must be typewritten)

1 LOCATION INFORMATION

House No(s)	65-40	Street Name	Bayfield Ave	Work Proposed on Floor No(s)	ROF
Borough	Queens	Block	16019	Lot	4
BIN	4302420	CB No.	414		

2 REQUESTOR INFORMATION

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

Last Name	Tull	First Name	Delores	Middle Initial	
Business Name		Business Telephone	(917) 519-9993		
Business Address	65-40 Bayfield Ave	Business Fax			
City	Queens	State	NY	Zip	11692
Mobile Telephone	(917) 519-9993				
E-Mail	tullwatt@aol.com	License Number			

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 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

Delores Tull

Date 7/3/2023

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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: _____