

**PW7:**  
**Letter of Completion Request**  
(Form must be typewritten)

**1 LOCATION INFORMATION**

House No(s) 23-38 Street Name Ocean Crest Blvd Work Proposed on Floor No(s) Roof  
Borough Queens Block 15754 Lot 45 BIN 4300935 CB No. 414

**2 REQUESTOR INFORMATION**

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

Last Name Makar First Name Mina Middle Initial  
Business Name Momentum Solar Business Telephone (732) 902-6224  
Business Address 2 Starview Drive Business Fax  
City Hillsborough State NJ Zip 08844 Mobile Telephone  
Email mmakar@momentumsolar.com License No. 104468

**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: 01-08-2025

**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: \_\_\_\_\_