



PW7: Letter of Completion Request

(Must be typewritten)

1 LOCATION INFORMATION

House No(s) 128 Street Name PORT RICHMOND AVENUE Work Proposed on Floor No(s) CEL 002 thru 003

Borough STATEN ISLAND Block 1073 Lot 121 BIN 5025287 CB No. 501

2 REQUESTOR INFORMATION

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

Last Name YAHYA

First Name FATIMA

Middle Initial A

Business Name GRINBERG MANAGEMENT & DEVELOPMENT LLC

Business Telephone (718) 414-6984

Business Address 29 Port Richmond Ave

Business Fax (718) 876-7462

City staten island

State ny

Zip 10302

Mobile Telephone

E-Mail fatima@grinbergmanagement.com

License Number 7798

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 11/19/2021

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