



PW7: Letter of Completion Request

(Must be typewritten)

1 LOCATION INFORMATION

House No(s) 71 Street Name CROMWELL AVE Work Proposed on Floor No(s) CEL., 1,2
Borough STATEN ISL Block 3301 Lot 71 BIN 5048636 CB No.

2 REQUESTOR INFORMATION

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

Last Name SANFILIPPO First Name SILVESTRO Middle Initial
Business Name SILSAN BUILDING CONSULTANTS CRP. Business Telephone 718-331-1222
Business Address 32 COURT STREET SUITE 1402 Business Fax
City BROOKLYN State N.Y. Zip 11201 Mobile Telephone 917-816-3312
E-Mail SILSAN0656@MSN.COM License Number

3 TYPE OF REQUEST

- ☒ Letter of Completion (Directive 14 or Non-Directive 14)
PLEASE ISSUE LETTER OF COMPLETION FOR 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 S. Victor Sanfilippo Date 9/7/2021

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