



PW7: Letter of Completion Request

(Must be typewritten)

1 LOCATION INFORMATION

House No(s) 2656	Street Name Hylan Blvd.	Work Proposed on Floor No(s) 001
Borough Staten Island	Block 3969 Lot 1	BIN 5171653 CB No. 502

2 REQUESTOR INFORMATION

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

Last Name Kim	First Name Tae Jun	Middle Initial
Business Name K & M DOB Consulting Corp	Business Telephone (617) 731-7505	
Business Address 163-14 Northern Blvd., 2FL.	Business Fax	
City Flushing	State NY Zip 11358	Mobile Telephone
E-Mail kmconsulting2018@gmail.com	License Number	

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

Tae Jun Kim

Date

10/18/21

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