



PW7: Letter of Completion Request

(Must be typewritten)

1 LOCATION INFORMATION

House No(s) 15	Street Name JONES PLACE	Work Proposed on Floor No(s)
Borough STATEN ISLAND	Block 286 Lot 90	BIN 5007713 CB No. 501

2 REQUESTOR INFORMATION

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

Last Name MAHANGU	First Name NARESH	Middle Initial
Business Name NY BUILDING ASSOCIATES INC	Business Telephone (929) 575-7500	
Business Address 124-15 METROPOLITAN AVENUE	Business Fax (516) 210-0141	
City QUEENS	State NY	Zip 11415
E-Mail info@nybuildingassociates.com	Mobile Telephone	
		License Number 089068

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 12/08/2021

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: _____ | | | |