



DEPT OF BLDGS 540231934 Job Number 540231934

ES682632561 Scan Code

PW7:

Letter of Completion Request

(Form must be typewritten)

1 LOCATION INFORMATION

House No(s) 244 Street Name Barclay Avenue Work Proposed on Floor No(s) RF
Borough STATEN ISLAND Block 6424 Lot 20 BIN 5082083 CB No. 503

2 REQUESTOR INFORMATION

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

Last Name PETERSEN First Name TOM Middle Initial
Business Name VENTURE HOME SOLAR, LLC Business Telephone
Business Address 100 CHARLOTTE AVE Business Fax
City HICKSVILLE State NY Zip 11801 Mobile Telephone (732) 730-1763
Email PETERSEN8@OPTONLINE.NET License No. 35290

3 TYPE OF REQUEST

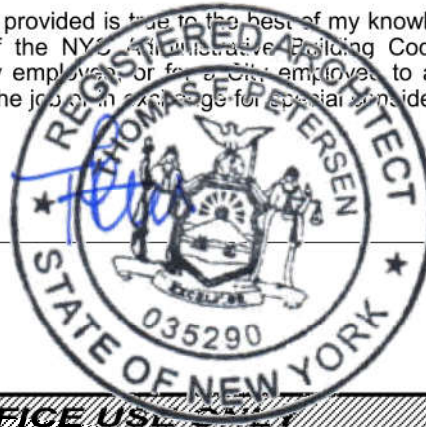
- ☒ Letter of Completion (Directive 14 or Non-Directive 14)
- ☐ Notification of removal of chute, fence, supported scaffold, sidewalk shed, temporary hoist, support of excavation, or other temporary construction equipment. No final inspection is required per LL146/21.

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: 5/16/23



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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: _____