



PW7: Letter of Completion Request

(Must be typewritten)

1 LOCATION INFORMATION

House No(s) 15	Street Name Rokeby Pl	Work Proposed on Floor No(s) roof
Borough Staten Island	Block 102 Lot 121	BIN 5002421 CB No. 501

2 REQUESTOR INFORMATION

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

Last Name Birck	First Name Lauren	Middle Initial
Business Name NY State Solar	Business Telephone	
Business Address 132 W 31st St Suite 1300	Business Fax	
City New York	State NY	Zip 10001
E-Mail lbirck@nystatesolar.com	Mobile Telephone	
		License Number 8088

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

1/26/22

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) _____		