



Letter of Completion Request

(Form must be typewritten)

1 LOCATION INFORMATION

House No(s) 446 Street Name POILLON AVENUE Work Proposed on Floor No(s)
Borough STATEN ISLAND Block 6453 Lot 13 BIN 5128359 CB No. 503

2 REQUESTOR INFORMATION

Individual's Relationship to Job (i.e., 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 Mobile Telephone
Email info@nybuildingassociates.com License No. 089068

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: 11/03/2023

FOR OFFICE USE ONLY

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: _____