

## 1 LOCATION INFORMATION

House No(s)	Street Name	Work Proposed on Floor No(s)		
Borough	Block	Lot	BIN	CB No.

## 2 REQUESTOR INFORMATION

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

Last Name	First Name	Middle Initial
Business Name	Business Telephone	
Business Address	Business Fax	
City	State	Zip
E-Mail	Mobile Telephone	
	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

Date

### Disapproval Reasons Review request cannot be processed for the following reasons:

<input type="checkbox"/> Fees unpaid	<input type="checkbox"/> Open ECB/DOB Violation(s)	<input type="checkbox"/> Incomplete PAA	<input type="checkbox"/> Audit Conditions Pending / Job on Hold
<input type="checkbox"/> Missing inspection Sign-off(s):	<input type="checkbox"/> Construction	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Electrical
<input type="checkbox"/> Missing Required item(s):	<input type="checkbox"/> TR-1 Error(s):	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Form(s) missing/incomplete: Form(s)	Section(s)/Reason(s)		
<input type="checkbox"/> Other: _____			