

**1 LOCATION INFORMATION**

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

**2 REQUESTOR INFORMATION**

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

|                  |                    |                |
|------------------|--------------------|----------------|
| Last Name        | First Name         | Middle Initial |
| Business Name    | Business Telephone |                |
| Business Address | Business Fax       |                |
| City             | State              | Zip            |
| Email            | License No.        |                |

**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: \_\_\_\_\_

**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: \_\_\_\_\_