



PW4: Application for Certificate of Compliance
for Equipment

TC/CM

Must be typewritten.

DEPT BLDGS Job No. 121185092

1 Filing Status

Job Number 121185092

Scan Code ESHS2043123

2 Type of Equipment Required for all applications.

☒ Heating System (Not including boilers) ☒ Ventilation System ☒ Air Conditioning System ☐ Refrigeration

3 Location Information Required for all applications.

House No. 251 Street Name East 2nd Street Apt/Condo No(s)

Borough Manhattan Block 384 Lot 33 BIN 1090783 CB No

Work on Floor CEL.ROF.1-10

4 Applicant Information Required for all applications.

Last Name Lemansky First Name Richard Middle Initial H.

Business Name Richmond Testing Lab Business Telephone 718-317-2928

Business Address 135 Storer Avenue Business Fax

City Staten Island State NY Zip 10309 Mobile Telephone

E-Mail

☒ P.E. ☐ R.A. ☒ Other 000263 License Number 076313

5 Equipment Specifications Instructions for section (complete all)

Item—Manufacturer/Trade Name	Floor	No. of Items	Certification Number for Listing	Capacity: BTUs/CFM
CU-11 MISTSUBISHI MDL#PUY-A12NKA7	ROOF	1	SRL#99U17750D	12,000 BTU
MUA-1 AAON MDL#RN01380EA093G9	BH	1	SRL#ANGK80806	2485 CFM

6 Statement and Signatures Required for all applications.

The owner certifies that he authorizes the applicant to perform the proposed work in accordance with plans and specifications approved under said application. Falsification of any statement is a misdemeanor and is 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 both.

Owner Name LLOYD GOLDMAN

Title PRESIDENT

Signature

Date

I hereby certify that the work indicated above has been done in a manner required by the Rules and Regulations of the Department of Buildings except where reported adversely.

Name: RICHARD H. LEMANSKY

Inspector's Signature

Date Signed Off 9/16/2020

Name (please print) RICHARD H. LEMANSKY

Signature

Date

P.E. / R.A. Seal (apply seal, then sign and date over seal)

INTERNAL USE ONLY

Examined and Recommended for Approval ☐ Yes ☐ No Approved ☐ Yes ☒ No

Examiner

Borough Commissioner John Raine, R.A.

Signature

Date

Signature

Borough Commissioner

Date