



PW4: Application for Certificate of Compliance
for Equipment

Must be typewritten.

DEPT BLDGS Job No. 121186518



Scan Code ESHS2481144

1 Filing Status

Job Number 121186518

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. 1558 Street Name 3rd Avenue Apt/Condo No(s)
Borough Manhattan Block 1516 Lot 37 BIN 1048054 CB No. 108
Work on Floor ROOF, EMR ROOF, 14

4 Applicant Information Required for all applications.

Last Name Greenwald First Name Richard Middle Initial M
Business Name Delta Testing Labs Business Telephone (914) 699-0056
Business Address 23 South Macquesten Parkway Business Fax (914) 699-0122
City Mount Vernon State NY Zip 10550 Mobile Telephone (845) 596-8721
E-Mail dtl@deltatestinglabs.com
☒ P.E. ☐ R.A. ☐ Other License Number

5 Equipment Specifications Instructions for section (complete all).

Item—Manufacturer/Trade Name	Floor	No. of Items	Certification Number for Listing	Capacity: BTUs/CFM
ACCU-2 DAIKIN RXS36LVJU	EMR ROOF	1	G002774	36,000 BTU
AC-2 DAIKIN FTXS36LVJU	ROOF	1	E010622	36,000 BTU
CT-1 BAC S15E-1285-07MN-2	ROOF	1	U175777701-01-02	4,200,000 BTU
RTU-1 AAON RN-008-3-0-EB09-3K9	ROOF	1	201712-ANGH65402	96,000 BTU
RTU-2 Venmarces A-1-04I-BX-HW-XHP0282-P	14	1	SO029511-01	360,700 BTU

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 Joseph A. McMillan, Jr.

Title Authorized Signatory

Signature

Date 03/16/23

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 Greenwald

Inspector's Signature:

Date Signed Off 3/16/23

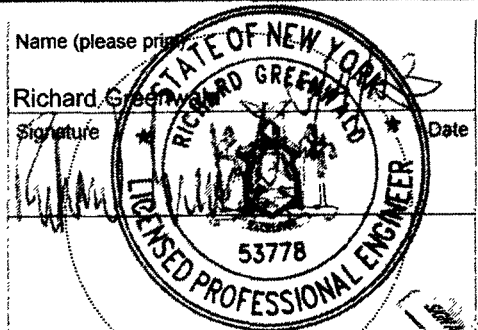
Name (please print)

Richard Greenwald

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

Signature

Date

Signature

Date

John Raine, R.A.
Borough Commissioner

PW4 2/15

MAR 22 2023

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