



PW4: Application for Certificate of Compliance
for Equipment

Must be typewritten.

DEPT BLDGS Job No. 121204614



1	Filing Status																												
Job Number 121204614																													
2	Type of Equipment <i>Required for all applications.</i>																												
☐ Heating System (Not including boilers) ☐ Ventilation System ☒ Air Conditioning System ☐ Refrigeration																													
3	Location Information <i>Required for all applications.</i>																												
House No. 708 Street Name BROADWAY Apt/Condo No(s)																													
Borough MANHATTAN Block 545 Lot 6 BIN 1080089 CB No. 102																													
Work on Floor SC, CEL, ROF, 1 thru 10																													
4	Applicant Information <i>Required for all applications.</i>																												
Last Name KLINE First Name ARNOLD Middle Initial																													
Business Name KLINE ENGINEERING PC Business Telephone (631) 420-0110																													
Business Address 52 CENTRAL DRIVE Business Fax																													
City FARMINGDALE State NY Zip 11735 Mobile Telephone																													
E-Mail																													
☒ P.E. ☐ R.A. ☐ Other License Number 039006																													
5	Equipment Specifications <i>Instructions for section (complete all).</i>																												
<table border="1"><thead><tr><th>Item—Manufacturer/Trade Name</th><th>Floor</th><th>No. of Items</th><th>Certification Number for Listing</th><th>Capacity: BTUs/CFM</th></tr></thead><tbody><tr><td>AHU-2, Air Enterprises</td><td>ROOF</td><td>1</td><td>6062</td><td>26,000 CFM</td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>					Item—Manufacturer/Trade Name	Floor	No. of Items	Certification Number for Listing	Capacity: BTUs/CFM	AHU-2, Air Enterprises	ROOF	1	6062	26,000 CFM															
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6	Statement and Signatures <i>Required for all applications.</i>																												
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 DAVID ALONSO																													
Title VP																													
Signature																													
Date 3/25/2021																													
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: ARNOLD KLINE																													
Inspector's Signature:																													
Date Signed Off: 3/11/21																													
<table border="1"><tr><td colspan="2">INTERNAL USE ONLY</td></tr><tr><td>Examined and Recommended for Approval ☐ Yes ☐ No</td><td>Approved ☐ Yes ☐ No John Raine, R.A.</td></tr><tr><td>Examiner</td><td>Borough Commissioner Borough Commissioner</td></tr><tr><td>Signature</td><td>Date</td></tr></table>					INTERNAL USE ONLY		Examined and Recommended for Approval ☐ Yes ☐ No	Approved ☐ Yes ☐ No John Raine, R.A.	Examiner	Borough Commissioner Borough Commissioner	Signature	Date																	
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