



PW4: Application for Certificate of Compliance for Equipment

123706132

☒ Orient and affix BIS
job number label here ☒

Must be typewritten.

Page 1 of 2

1	Filing Status	Job Number 123706132
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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. 242 Street Name Broome Street Apt/Condo No(s) Borough Manhattan Block 409 Lot 56 BIN 1089450 CB No. Work on Floor Cel	

4	Applicant Information Required for all applications.
Last Name Stones First Name Jeff Middle Initial Business Name Caliber Control Inspections Inc. Business Telephone (718) 888-7812 Business Address 43-18 Main Street, 1F-2FL Business Fax (718) 799-5320 City Flushing State NY Zip 11355 Mobile Telephone E-Mail ☒ P.E. ☐ R.A. ☐ Other License Number 072688	

5	Equipment Specifications <i>Instructions for section (complete all).</i>				
	Item—Manufacturer/Trade Name	Floor	No. of Items	Certification Number for Listing	Capacity: BTUs/CFM
	AC-1 - Johnson Control / NBH009SL000DBNAD2A32SSD	Cel	1	190901374	8,900 BTU/H
	AC-2 - Johnson Control / NBH070SL304DBNAB2B32SSD	Cel	1	190901375	71,100 BTU/H
	AC-3 - Johnson Control / NXV240TL30ACBNA3QPB	Cel	1	190901395	248,300 BTU/H
	AC-4 - Johnson Control / NXH080EL30ACBNA3SGB	Cel	1	190901396	80,840 BTU/H
	AC-5 - Johnson Control / NXV095TL30CCBNA3SGB	Cel	1	190901397	96,920 BTU/H

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 Coleen Wenke Title Authorized signatory 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: Jeff Stones Inspector's Signature: <i>Jeff Stones</i> Date Signed Off: 6/4/20	
Name (please print) Jeff Stones Signature: <i>Jeff Stones</i> Date: 6/4/20  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	Signature
Date	Date



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Borough Manhattan Block 409 Lot 56 BIN 1089450 CB No.

Work on Floor Cel

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Last Name Stones First Name Jeff Middle Initial

Business Name Caliber Control Inspections Inc. Business Telephone (718) 888-7812

Business Address 43-18 Main Street, 1F-2FL Business Fax (718) 799-5320

City Flushing State NY Zip 11355 Mobile Telephone

E-Mail

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5	Equipment Specifications Instructions for section (complete all).	
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Item—Manufacturer/Trade Name	Floor	No. of Items	Certification Number for Listing	Capacity: BTUs/CFM
AC-6 - Johnson Control / NBH009SL000DBNAD2A32SSD	Cel	1	190901376	8,900 BTU/H

6	Statement and Signatures Required for all applications.	
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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 Coleen Wenke

Title Authorized signatory

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: Jeff Stones

Inspector's Signature: 

Date Signed Off: 6/4/00

Name (please print)

Jeff Stones

Signature

Date



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

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

Examiner Borough Commissioner

Signature Date Signature Date