



PW4: Application for Certificate of Compliance  
for Equipment

Must be typewritten.

DEPT BLDGS Job No. 122612681



1 Filing Status

Job Number

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. 139

Street Name AVE A

Apt/Condo No(s)

Borough MANHATTAN

Block 436

Lot 30

BIN 1082477

CB No. 103

Work on Floor OSP

4 Applicant Information Required for all applications.

Last Name CHIN

First Name JUNG WOR

Middle Initial

Business Name JUNG WOR CHIN - ARCHITECT

Business Telephone (212) 334-9897

Business Address 41 MOTT STREET 4TH FLOOR

Business Fax 2123349506

City NY

State NY

Zip 10013

Mobile Telephone

E-Mail JWCHINAIA@GMAIL.COM

☐ P.E.

☒ R.A.

☐ Other

License Number 013891

5 Equipment Specifications Instructions for section (complete all).

| Item—Manufacturer/Trade Name | Floor | No. of Items | Certification Number for Listing | Capacity: BTU's/CFM |
|------------------------------|-------|--------------|----------------------------------|---------------------|
| FUJITSU, MODEL: AOU36RLXFZ1  | OSP   | 1            | SERIAL# LXN009587                | 36,000 BTU          |
| FUJITSU, MODEL: AOU36RLXFZ1  | OSP   | 1            | SERIAL# LXN009320                | 36,000 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 PETER HERRICK

Title OWNER

Signature

Date

5/16/16

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: JUNG WOR CHIN, RA

Inspector's Signature

Date Signed Off: 5/16/16

Name (please print)

JUNG WOR CHIN

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

AHMED DIRHALLEH

Borough Commissioner

Signature

Date 05-16-16

Signature

Date