

1602033

EQUIPMENT USE PERMIT

LOCATION 689 Fifth Avenue BORO Manhattan
 HOUSE NO. STREET

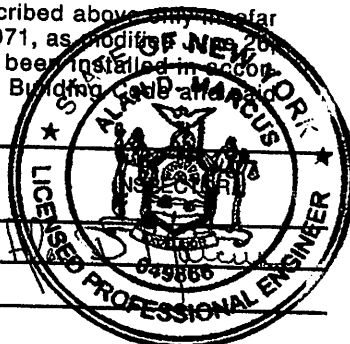
FLOOR OR ROOM NO. Roof

APPLICATION TO
 WHICH ACCESSORY NO. 122724445 DATE _____
 N.B., ALT., B.N., MISC.

This PERMIT is for the use and operation of:

- (4) ☒ AIR CONDITIONING SYSTEM MULTISTACK CHILLER
- (5) ☐ VENTILATING SYSTEM MODEL # PMP1015DABNY
- (6) ☐ REFRIGERATION SYSTEM SERIAL # AF 03-145
- (7) ☐ HEATING SYSTEM (NOT INCLUDING BOILER)

I have inspected the equipment described above, and find it to be in accordance with the approved plans and Building Code and as required by Directive No. 16 of 1971, as modified by Directive No. 26 of 1974, and find said equipment has been installed in accordance with the approved plans and Building Code and as required by Directive.

DATE OF INSPECTION	CAPACITY: BTU OR CUBIC FT. PER MIN	
11/17/21	TONS 56.5 / CFM 40	

This Equipment Use Permit is issued in accordance with Section C26-117.3 of the Administrative Code.

Borough Superintendent

Commissioner

THIS CERTIFICATE MUST BE POSTED



1602033

PW4: Application for Certificate of Compliance
for Equipment

Must be typewritten.

DEPT BLDGS Job No. 122724445



Scan Code ESHS7963209

1	Filing Status
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Job Number 122724445

2	Type of Equipment Required for all applications.
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☐ Heating System (Not including boilers) ☐ Ventilation System ☒ Air Conditioning System ☐ Refrigeration

3	Location Information Required for all applications.
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House No. 689 Street Name Fifth Avenue Apt/Condo No(s)
Borough Manhattan Block Lot BIN 1035741 CB No.
Work on Floor Roof

4	Applicant Information Required for all applications.
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Last Name Marcus First Name Alan Middle Initial D.
Business Name c/o Archetype Consultants Inc. Business Telephone 212-414-8777
Business Address 463 Seventh Avenue, suite 806 Business Fax
City New York State NY Zip 10018 Mobile Telephone
E-Mail
☒ P.E. ☐ R.A. ☐ Other License Number 049866

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
MULTISTACK CHILLER (MODEL # PMP1015DABNY)	Roof	1	SERIAL # AF 03-145	TONS 56.5 / CFM 40

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 Carlos Lopez

Title Vice 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: Alan D. Marcus

Inspector's Signature:

Date Signed Off: 11/17/24

Name (please print)

Alan D. Marcus

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