



PW4: Application for Certificate of Compliance
for Equipment

Must be typewritten.

DEPT BLDGS Job No. 123346343



Scan Code ESHS0669413



1 Filing Status

Job Number 123346343

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. 2108 Street Name 7th Avenue Apt/Condo No(s)
Borough Manhattan Block 1931 Lot 36 BIN 1058661 CB No. 110
Work on Floor ROF

4 Applicant Information Required for all applications.

Last Name Katz First Name Lester Middle Initial
Business Name Lester Katz, Registered Architect Business Telephone (516) 537-8686
Business Address 671 Ibsen Street Business Fax
City Woodmere State NY Zip 11598 Mobile Telephone
E-Mail lester@lesterkatz.com
☐ P.E. ☒ R.A. ☐ Other License Number 031922

5 Equipment Specifications Instructions for section (complete all).

Item—Manufacturer/Trade Name	Floor	No. of Items	Certification Number for Listing	Capacity: BTU's/CFM
UNIT 1 / TRANE / YSC048A3EHA1	ROF	1		48,000 BTU
UNIT 2 / TRANE / YCD300B3HAHB	ROF	1		300,000 BTU
UNIT 3 / TRANE / YCD300B3HAHB	ROF	1		300,000 BTU
UNIT 4 / TRANE / YCH060A3EHA1	ROF	1		60,000 BTU
UNIT 5 / TRANE / TTA090D300AA	ROF	1		90,000 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 Alan J Jemal

Title Member

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: Lester Katz

Inspector's Signature:

Date Signed Off: 1/10/2020

Name (please print)

Lester Katz

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