



PW4: Application for Certificate of Compliance for Equipment

Must be typewritten.

☒ Orient and affix BIS job number label here ☒

1 Filing Status
Job Number 123371662

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. 829 Street Name PARK AVE Apt/Condo No(s)
 Borough MANHATTAN Block 1410 Lot 0069 BIN 1043160 CB No. 108
 Work on Floor 004, 005

4 Applicant Information *Required for all applications.*
 Last Name Fiskaa First Name Thomas Middle Initial
 Business Name Fiskaa Engineering Business Telephone (212) 736-9600
 Business Address 589 Eighth Ave Business Fax
 City New York State NY Zip 10018 Mobile Telephone
 E-Mail
☒ P.E. ☐ R.A. ☐ Other License Number 074857

5 Equipment Specifications *Instructions for section (complete all).*

Item—Manufacturer/Trade Name	Floor	No. of Items	Certification Number for Listing	Capacity: BTUs/CFM
NATIONAL COMFORT PRODUCTS/NCPE-430-4010/D	004	1	25986898	27,200
NATIONAL COMFORT PRODUCTS/NCPE-418-4010/D	004	1	2598B7267	18,000
NATIONAL COMFORT PRODUCTS/NCPE-430-4010/D	005	1	26013093	27,200

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 ROBERTO SEVERIN
 Title UNIT OWNER
 Signature Date 12/07/2020

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: Thomas Fiskaa
 Inspector's Signature: Date Signed Off: 9/30/2021

Name (please print) Thomas Fiskaa Date 9/30/2021
 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	Signature
Date	Date