



PW4: Application for Certificate of Compliance
for Equipment

Must be typewritten.



1 Filing Status

Job Number 123558051

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. 2505 Street Name BROADWAY Apt/Condo No(s)

Borough MANHATTAN Block 1241 Lot 11 BIN 1033645 CB No. 107

Work on Floor CEL,ROF 001 thru 019

4 Applicant Information Required for all applications.

Last Name WOODCHEKE First Name STEPHEN Middle Initial

Business Name DOMANI INSPECTIONS SERVICES, INC Business Telephone (516) 599-5900

Business Address 72 WHITEHALL STREET Business Fax (516) 599-1587

City LYNBROOK State NY Zip 11563 Mobile Telephone

E-Mail

☒ P.E. ☐ R.A. ☐ Other License Number 062239

5 Equipment Specifications Instructions for section (complete all).

Item—Manufacturer/Trade Name	Floor	No. of Items	Certification Number for Listing	Capacity: BTU's/CFM
DAIKIN-CU1901-REYQ120XATJA	ROF	1	2010695065	120,000 BTU
		1		
		1		
		1		
		1		

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 property performing the job or in exchange for special consideration. Violation is punishable by imprisonment or both.

Owner Name TOMER YOGEV

Title AUTHORIZED SIGN

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:

Inspector's Signature:

Date Signed Off:

Name (please print)

STEPHEN WOODCHEKE

12-6-21

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

John Raine Date
Borough Commissioner