



PW4: Application for Certificate of Compliance
for Equipment

Must be typewritten.

DEPT BLDGS Job No. 123670759



Scan Code ESHS6754681

1 Filing Status

Job Number 123670759

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. 30 Street Name WEST 57 STREET Apt/Condo No(s)

Borough MANHATTAN Block 1272 Lot 56 BIN 1081139 CB No. 105

Work on Floor 002

4 Applicant Information Required for all applications.

Last Name TOROSSIAN First Name EDWARD Middle Initial

Business Name TROYLIDIA TESTING & INSPECTIONS, LLC Business Telephone (516) 400-9191

Business Address 784 ELMONT ROAD Business Fax

City ELMONT State NY Zip 11003 Mobile Telephone

E-Mail ETOROSSIAN@TROLYDIA.COM

☒ P.E. ☐ R.A. ☐ Other License Number 088659

5 Equipment Specifications Instructions for section (complete all).

Item—Manufacturer/Trade Name	Floor	No. of Items	Certification Number for Listing	Capacity: BTUs/CFM
CU-1 - DAIKIN - RXTQ36TAVJ9	002	1	SERIAL #: F004747	36,000BTU

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 JOSE TORO

Title AUTHORIZED SIGNATOR

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: EDWARD TOROSSIAN

Inspector's Signature:

Date Signed Off:

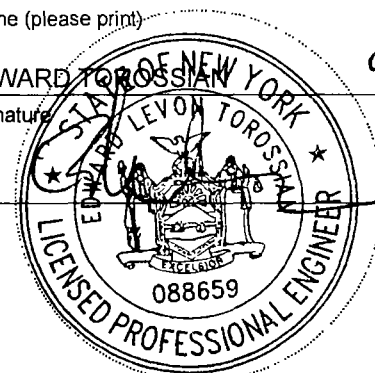
Name (please print)

EDWARD TOROSSIAN

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

Martin Rebholz, RA
Borough Commissioner

PW4 2/15