



Buildings

1903059

PW4: Application for Certificate of Compliance
for Equipment

Must be typewritten.

DEPT BLDGS Job No. 123722196



Scan Code ESHS7325901

1 Filing Status

Job Number 123722196

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. 909

Street Name Third Avenue

Apt/Condo No(s)

Borough Manhattan

Block 1238

Lot 1

BIN 1038570

CB No.

Work on Floor 32

4 Applicant Information Required for all applications.

Last Name Marcus

First Name Alan

Middle Initial D.

Business Name c/o Archetype Consultants Inc.

Business Telephone 212-414-8777

Business Address 1 Penn Plaza, Suite 3508

Business Fax

City New York

State NY

Zip 10119

Mobile Telephone

E-Mail

☒ P.E.☐ R.A.☐ Other

License Number 049866

5 Equipment Specifications Instructions for section (complete all).

Item—Manufacturer/Trade Name	Floor	No. of Items	Certification Number for Listing	Capacity: BTUs/CFM
BOSH (FHP)				
(M # LV036-3HZC-FLETUD-XFGMXXXXX5	32	1	SERIAL # 2940-955-	CFM 1200
XXXX1XXXXX) AC-32-1			000001-7735076836	
(M# LV036-3HZC-FLETUD-XFGMXXXXX5	32	1	SERIAL # 2940-955-	CFM 1200
XXXX1XXXXX) AC 32-2			000001-773506837	

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 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: 2/03/20

Name (please print)

Alan D. Marcus

Signature

Date



P.E. / R.A. Seal (apply seal, then sign and date over seal)

INTERNAL USE ONLYExamined and Recommended for Approval ☐ Yes ☐ NoApproved ☐ Yes ☐ No

Examiner

Borough Commissioner

Signature

Date

Signature

Date

John Raine, R.A.
Borough Commissioner