



PW4: Application for Certificate of Compliance for Equipment

Must be typewritten

DEPT BLDGS Job No. 123731499
Scan Code ESHS1759216

1 Filing Status				
Job Number 123731499				
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. 629	Street Name West 54th Street			
Borough Manhattan	Block 1102 Lot 11 BIN 1027154 CB No. 104			
Work on Floor				
4 Applicant Information Required for all applications.				
Last Name Drutjans	First Name Christopher Middle Initial			
Business Name Special Inspection Services Engineering, DPC				
Business Telephone (631) 648-8766				
Business Address 3920 Veterans Memorial Hwy, Suite 14				
City Bohemia	State NY Zip 11716			
Business Fax (631) 676-4436				
E-Mail chris@sis-nyc.com				
☒ P.E. ☐ R.A. ☐ Other				
License Number 066016				
5 Equipment Specifications Instructions for section (complete all).				
Item—Manufacturer/Trade Name	Floor	No. of Items	Certification Number for Listing	Capacity: BTUs/CFM
FCU 1 - Carrier - FX4DNB049L00	1	1	819F03663	1600 CFM
FCU 2 - Carrier - FX4DNB049L00	1	1	2019F10163	1600 CFM
CU 1 - Carrier - 25HCB448A005	1	1	0719E13265	48.0 MBH
CU 2 - Carrier - 25HCB448A005	1	1	1319E25224	48.0 MBH
RAD 1 - Solaira - SICRH40240	1	1	5241	13.6 MBH
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 William Friedland		Name (please print) Christopher Drutjans 1 28 21 Signature _____ Date _____		
Title Manger				
Signature <i>William Friedland</i>		P.E. / R.A. Seal (apply seal, then sign and date over seal)		
Date 2/2/21		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: Christopher Drutjans		Name: Christopher Drutjans Inspector's Signature: _____ Date Signed Off: 1 28 21		
INTERNAL USE ONLY				
Examined and Recommended for Approval ☐ Yes ☐ No		Approved ☐ Yes ☒ No		
Examiner		Borough Commissioner		
Signature _____ Date _____		Signature John Raine, R.A. Date _____		