



PW4: Application for Certificate of Compliance for Equipment

Must be typewritten

DEPT BLDGS Job No. 123731499



Scan Code ESHS2941291

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

Apt/Condo No(s)

Borough Manhattan

Block 1102

Lot 11

BIN 1027154

CB No. 104

Work on Floor

4 Applicant Information Required for all applications.

Last Name Drutjons

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

Business Fax (631) 676-4436

City Bohemia

State NY

Zip 11716

Mobile Telephone (646) 235-4109

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
ACU 3 - Berner - ALC08-1072EB	1	1	154966A-3	51.2 MBH
ACU 4 - Berner - ALC08-1072EB	1	1	154966A-4	51.2 MBH
SF 1 - Greenheck - SQ-95-D	1	1	15935016	325 CFM
SF 2 - Greenheck - SQ-80-D	1	1	15935017	135 CFM

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

Title Manger

Signature *Wm Friedland*

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 Drutjons

Inspector's Signature: *RE*

Date Signed Off: 1 28 21

Name (please print)

Christopher Drutjons

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 John Raine, R.A.
Date	Date