



PW4: Application for Certificate of Compliance
for Equipment

Must be typewritten.



1 Filing Status

Job Number

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. 388 Street Name 3RD AVENUE Apt/Condo No(s)

Borough MANATTAN Block 883 Lot 50 BIN 1018183 CB No. 106

Work on Floor ROOF

4 Applicant Information Required for all applications

Last Name RIZVI First Name SYED Middle Initial

Business Name RIKE TECH ASSOCIATES LLC Business Telephone (516)032-0625

Business Address 39 HAZELWOOD DRIVE Business Fax (516)908-4037

City JERICO State NY Zip 11753 Mobile Telephone

E-Mail RIKETECHLLC@YAHOO.COM

☒ P.E. ☐ R.A. ☐ Other License Number 077562

5 Equipment Specifications Instructions for section (complete all).

Item—Manufacturer/Trade Name	Floor	No. of Items	Certification Number for Listing	Capacity: BTUs/CFM
AC-1—MANF. THERMAL ZONE Model # TZAA-090CA757	ROOF	1	SERIAL #. 8559F201202694	5,000 BTUs

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 JEFFREY MATTHEWS

Title OWNER

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:

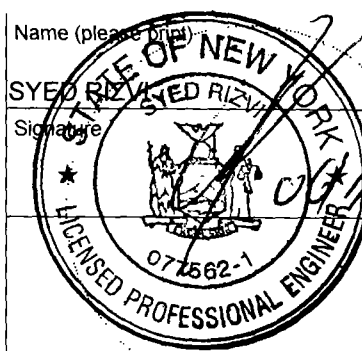
Inspector's Signature:

Date Signed Off:

Name (please print)

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
Date	Date