



Buildings

1802007

PW4: Application for Certificate of Compliance
for Equipment

Must be typewritten.



1 Filing Status

Job Number 110205000

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. 148 Street Name Spring Street Apt/Condo No(s)
Borough Manhattan Block 487 Lot 27 BIN 1007317 CB No. 102
Work on Floor and. 2, 3

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 463 Seventh Avenue, suite 806 Business Fax
City New York State NY Zip 10018 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
Luxaire	Roof	1	SERIAL# WIM2307452	BTU60,000
Carrier Air	Roof	1	SERIAL# 3907E02918	BTU60,000
Carrier Air	Roof	1	SERIAL# 1108E01310	BTU60,000
Carrier Air	Roof	1	SERIAL# 3907E02898	BTU60,000
Carrier Air	Roof	1	SERIAL# 0508E12070	BTU36,000

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 3/10/01

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: 3.4.21

Name (please print):

Alan D. Marcus

Signature

Date 3/10/01



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

INTERNAL USE ONLY

Examined and Recommended for Approval ☐ Yes ☐ NoApproved ☐ Yes ☒ No

Examiner

Borough Commissioner John Raine, R.A.

Signature

Date

Signature

Borough Commissioner

Date