



PW4: Application for Certificate of Compliance
for Equipment

Must be typewritten.

DEPT BLDGS Job No. 123783003



Scan Code ESHS7127797

1 Filing Status

Job Number 123783003

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. 524 Street Name East 89th Street Apt/Condo No(s)

Borough Manhattan Block 1585 Lot 140 BIN 1051364 CB No. 108

Work on Floor roof

4 Applicant Information Required for all applications.

Last Name Michel First Name Charles Middle Initial

Business Name Charles G. Michel Engineering Business Telephone 914-949-5112

Business Address 470 Mamaroneck Avenue Business Fax 914-949-5116

City White Plains State NY Zip 10605 Mobile Telephone

E-Mail cmichel@cgmengineering.com

☒ P.E. ☐ R.A. ☐ Other License Number 062624

5 Equipment Specifications Instructions for section (complete all).

Item—Manufacturer/Trade Name	Floor	No. of Items	Certification Number for Listing	Capacity: BTUs/CFM
MITSUBISHI - PUHY-P96TNU-A	roof	1	04P00215	96,000

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 property performing the job or in exchange for special consideration. Violation is punishable by imprisonment or both.

Owner Name Jane Hottensen

Title owner

X Signature

X 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: William Ryan

Inspector's Signature

Date Signed Off: 5/9/23

Name (please print)

Charles Michel

X 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 Date Signature Date

John Raine, R.A.
Borough Commissioner