



PW4: Application for Certificate of Compliance
for Equipment

Must be typewritten.



1 Filing Status

Job Number 220464003

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. 345

Street Name E 149 ST.

Apt/Condo No(s)

Borough BRONX

Block 2331

Lot 48

BIN 2000934

CB No. 201

Work on Floor ROOF

4 Applicant Information Required for all applications.

Last Name WU

First Name CHARNG-SHYONG

Middle Initial

Business Name YANG BUILDING CONSULTING, INC.

Business Telephone 718-321-9922

Business Address 136-31 41 AVE. 5A

Business Fax

City FLUSHING

State NY

Zip 11355

Mobile Telephone

E-Mail YANGBUILDING@VERIZON.NET

☒ P.E.

☐ R.A.

☐ Other

License Number 49488

5 Equipment Specifications Instructions for section (complete all).

Item—Manufacturer/Trade Name	Floor	No. of Items	Certification Number for Listing	Capacity: BTUs/CFM
YORK / MODEL #: DM120N15A2AAA3D ✓	ROOF ✓	1 ✓	SERIAL #: N0C8686847 ✓	180,000 BTU ✓

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 FENG-CHI WU

Title PRESIDENT

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

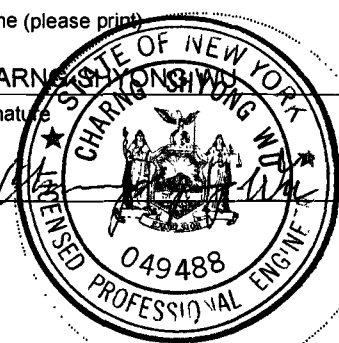
Date Signed Off:

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

Date

Signature

Date

SEP 17 2015