



PW4: Application for Certificate of Compliance
for Equipment

Must be typewritten.



1 Filing Status

Job Number 320504922

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. 592 Street Name 10 Street Apt/Condo No(s)
Borough Brooklyn Block 1094 Lot 32 BIN 3026148 CB No.
Work on Floor B,1-4,OSP

4 Applicant Information Required for all applications.

Last Name Szakal First Name Gabor Middle Initial M
Business Name Gabor M Szakal Consulting Engineer Business Telephone 212-255-2626
Business Address 54 West 21 Street Business Fax
City New York State NY Zip 10010 Mobile Telephone
E-Mail
☒ P.E. ☐ R.A. ☐ Other License Number 052834

5 Equipment Specifications Instructions for section (complete all).

Item—Manufacturer/Trade Name	Floor	No. of Items	Certification Number for Listing	Capacity: BTUs/CFM
PUHY-P72-TKMU-A	Roof	Two	UL 1995	72,000 BTU's

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 Alexander Evis
Title Owner
Signature
Date May 18, 2016

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: 6.16.16

Name (please print)
Gabor M Szakal
Signature
Date 6.16.16

P.E. / R.A. Seal (apply seal, print 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

OCT 31 2016 PW4 2/15