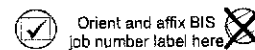


PW4: Application for Certificate of Compliance
for Equipment

Must be typewritten.

1 Filing Status

Job Number 320912009

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. 258 Street Name Winthrop STREET Apt/Condo No(s)

Borough BROKLYN Block 5050 Lot 28 BIN 3425944 CB No.

Work on Floor BAS TO ROOF

4 Applicant Information Required for all applications.

Last Name BRAVO First Name ALDO Middle Initial

Business Name CENTURY TESTING & CONSULTING, INC Business Telephone (516) 354-1145

Business Address 821 REGENT DRIVE Business Fax

City WESTBURY State NY Zip 11590 Mobile Telephone

E-Mail abravo@century-testing.com

☒ P.E. ☐ R.A. ☐ Other License Number 052408**5 Equipment Specifications** Instructions for section (complete all).

Item—Manufacturer/Trade Name	Floor	No. of Items	Certification Number for Listing	Capacity: BTUs/CFM
Mitsubishi mxz 2cn20nahz2-u1	3	1	03p03204	20,000
Mitsubishi mxz 2cn20nahz2-u1	3	1	03p03318	20,000
Mitsubishi mxz 2cn20nahz2-u1	4	1	03p03402	20,000
Mitsubishi mxz 3cn20nahz2-u1	2	1	03p01558	22,000

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

Title

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: ALDO BRAVO - P.E.

Inspector's Signature:

Date Signed Off: 7/08/2021

Name (please print)

ALDO BRAVO

Signature

Date

8/2021



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

INTERNAL USE ONLYExamined and Recommended for Approval ☐ Yes ☐ NoApproved ☐ Yes ☐ No

Examiner

Borough Commissioner

Signature

Date

Signature

Date