



PW4: Application for Certificate of Compliance
for Equipment

Must be typewritten.

DEPT BLDGS Job No. 321236186



Scan Code ESHS9444638

1 Filing Status

Job Number 321236186

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. 1509

Street Name PACIFIC STREET

Apt/Condo No(s) 2L,2R,3L,3R,4L,4R

Borough BROOKLYN

Block 1204

Lot 77

BIN 3029950

CB No. 308

Work on Floor OSP, ROF

4 Applicant Information Required for all applications.

Last Name CHAN

First Name KANG

Middle Initial

Business Name M-DIS DESIGN GROUP

Business Telephone (718) 888-9497

Business Address 36-22A FRANCIS LEWIS BLVD. #201

Business Fax (718) 888-9195

City FLUSHING

State NY

Zip 11358

Mobile Telephone

E-Mail INFO@MDISDESIGN.COM

☒ P.E.

☐ R.A.

☐ Other

License Number 065657

5 Equipment Specifications Instructions for section (complete all).

Item—Manufacturer/Trade Name	Floor	No. of Items	Certification Number for Listing	Capacity: BTU's/CFM
COND. UNIT-MITSUBISHI/MXZ-4C36NAHZ	ROF	1	43U03164B	3 TON
COND. UNIT-MITSUBISHI/MXZ-4C24NAHZ	ROF	1	62P00295	2 TON
COND. UNIT-MITSUBISHI/MXZ-4C24NAHZ	OSP	1	4ZP00927	2 TON
COND. UNIT-MITSUBISHI/MXZ-4C36NAHZ	OSP	1	43U03121B	3 TON
COND. UNIT-MITSUBISHI/MXZ-4C24NAHZ	OSP	1	62P00497	2 TON

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 10-14-2016

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:

Name (please print)

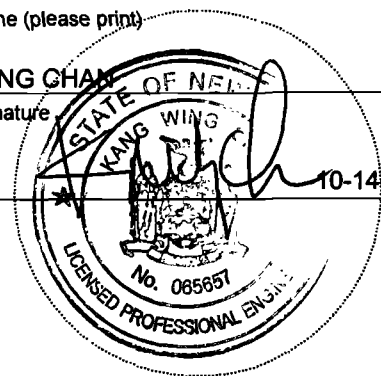
KANG CHAN

Signature

Date

10-14-2016

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

JAN 23 2017

12/14