

MGA59 - A2



PW4: Application for Certificate of Compliance for Equipment

321417365

☒ Orient and affix BIS job number label here ☒

Must be typewritten.

1 Filing Status

Job Number 321417365

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. 2910 Street Name Bedford Avenue Apt/Condo No(s)
Borough Brooklyn Block 7552 Lot 100 BIN 3391507 CB No. 314
Work on Floor 001, ROF

4 Applicant Information Required for all applications.

Last Name Marchese First Name Michael Middle Initial J.
Business Name Future Tech Consultants of New York, Inc. Business Telephone (516) 355-0165
Business Address 52 East 2nd Street Business Fax (516) 355-0271
City Mineola State NY Zip 11501 Mobile Telephone
E-Mail mmarchese@ftcny.com
☒ P.E. ☐ R.A. ☐ Other License Number 077900

5 Equipment Specifications Instructions for section (complete all).

Item—Manufacturer/Trade Name	Floor	No. of Items	Certification Number for Listing	Capacity: BTUs/CFM
Split AC System: AC-4 / Mitsubishi / Model # MSZ-GL06NA	1st Fl.	1	S/N: 72E35886 - MEA# 122-06-E	6,000 BTU/HR
AC-5 / Mitsubishi / Model # MSZ-GL12NA	1st Fl.	1	S/N: 74E60481 - MEA# 122-06-E	12,000 BTU/HR
Air Cooled Condensing Unit:				
ACC-4 / Mitsubishi / Model # MXZ-2C20NAHZ2	Roof	1	S/N: 72P00700 - MEA# 122-06-E	18,000 BTU/HR

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 Robert Lemieux
Title Exec. Director - CUNY-Facilities Plan, Const & Mgmt.
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: Michael Marchese, PE
Inspector's Signature Date Signed Off: 1/6/2020

Name (please print) Michael Marchese, PE
Signature Date 1/6/2020
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