



PW4: Application for Certificate of Compliance
for Equipment

Must be typewritten.

DEPT BLDGS Job No. 321488984



Scan Code ESHS6009390

1 Filing Status

Job Number 321488984

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 703 Street Name ROGERS AVENUE Apt/Condo No(s)
Borough BROOKLYN Block 5066 Lot 1 BIN 3116260 CB No. 317
Work on Floor ROOF

4 Applicant Information Required for all applications. SPECIAL INSPECTION

Last Name SOORJBALLY First Name HARILALL Middle Initial
Business Name BIG APPLE TESTING INC. Business Telephone 718-767-2900
Business Address 9 BROOKLYN AVENUE Business Fax (718) 767-5610
City NEW HYDE PARK State NY Zip 11040 Mobile Telephone
E-Mail
☒ P.E. ☐ R.A. ☐ Other License Number 087949

5 Equipment Specifications Instructions for section (complete all).

Item—Manufacturer/Trade Name	Floor	No. of Items	Certification Number for Listing	Capacity: BTUs/CFM
Daikin:Model 2MXS18NMVJU	ROOF	1	Serial # G016911	18,000C18,900H
Daikin:Model 2MXS18NMVJU	ROOF	1	Serial # G016943	18,000C18,900H
Daikin:Model 2MXS18NMVJU	ROOF	1	Serial # G017309	18,000C18,900H
Daikin Model 2MXS18NMVJU	ROOF	1	Serial # G017288	18,000C18,900H
Daikin Model 2MXS18NMVJU	ROOF	1	Serial # G016912	18,000C18,900H

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 JOEL FRIED

Title OWNER

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.

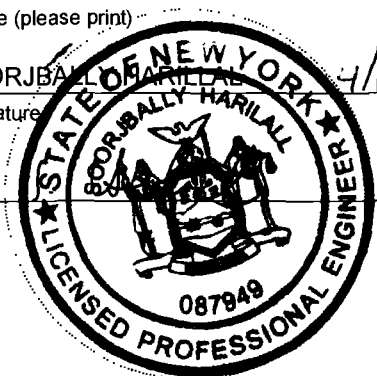
Name: SOORJBALLY HARILALL

Inspector's Signature: [Signature] Date Signed Off: 04/16/2018

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

AUG 24 2018