



PW4: Application for Certificate of Compliance
for Equipment

Must be typewritten.



1 Filing Status

Job Number #321489340

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. 236 Street Name AVENUE U Apt/Condo No(s)

Borough BROOKLYN Block 7122 Lot 13 BIN 3192588 CB No. 315

Work on Floor ROOF

4 Applicant Information Required for all applications.

Last Name FU First Name KY Middle Initial

Business Name FLUSHING ENGINEERING SERVICES, P.C. Business Telephone (917) 704-9787

Business Address 33-70 PRINCE STREET SUITE 702 Business Fax

City FLUSHING State NY Zip 11354 Mobile Telephone

E-Mail

☒ P.E. ☐ R.A. ☐ Other License Number 090920

5 Equipment Specifications Instructions for section (complete all).

Item—Manufacturer/Trade Name	Floor	No. of Items	Certification Number for Listing	Capacity: BTUs/CFM
YORK (MODEL#: ZF120N18B2A1AAA1A2) 10 TONS	ROOF	1	SERIAL#: N1M6196937	120000 CFM

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 PETER FUNG

Title OWNER

Signature

Date 10/26/2017

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)

KY FU

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

NOV 14 2017