



PW4: Application for Certificate of Compliance
for Equipment

Must be typewritten.

DEPT BLDGS Job No. 321684888



1 Filing Status

Job Number 321684888

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. 2104 Street Name Fulton Street Apt/Condo No(s)

Borough Brooklyn Block 1551 Lot 04 BIN 3042161 CB No. 316

Work on Floor Cel, 001, 002, 003, OSP

4 Applicant Information Required for all applications.

Last Name ROSS First Name William Middle Initial D.

Business Name W.D. ROSS, R.A., P.C. Business Telephone 646-235-3976

Business Address 285 LOGAN STREET Business Fax 718-277-3715

City BROOKLYN State NY Zip 11208 Mobile Telephone 646-235-3976

E-Mail WROSS44@AOL.COM

☐ P.E. ☒ R.A. ☐ Other License Number 029682

5 Equipment Specifications Instructions for section (complete all).

Item—Manufacturer/Trade Name	Floor	No. of Items	Certification Number for Listing	Capacity: BTUs/CFM
DAIKIN - 4MXS36RMVJU	OSP	6	AHRI 8103871	36,000 BTUS

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 THOMAS GIANNOPOULOS

Title SECRETARY

Signature

Date 12/12/2019

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: WILLIAM D. ROSS

Inspector's Signature: Date Signed Off:

Name (please print)

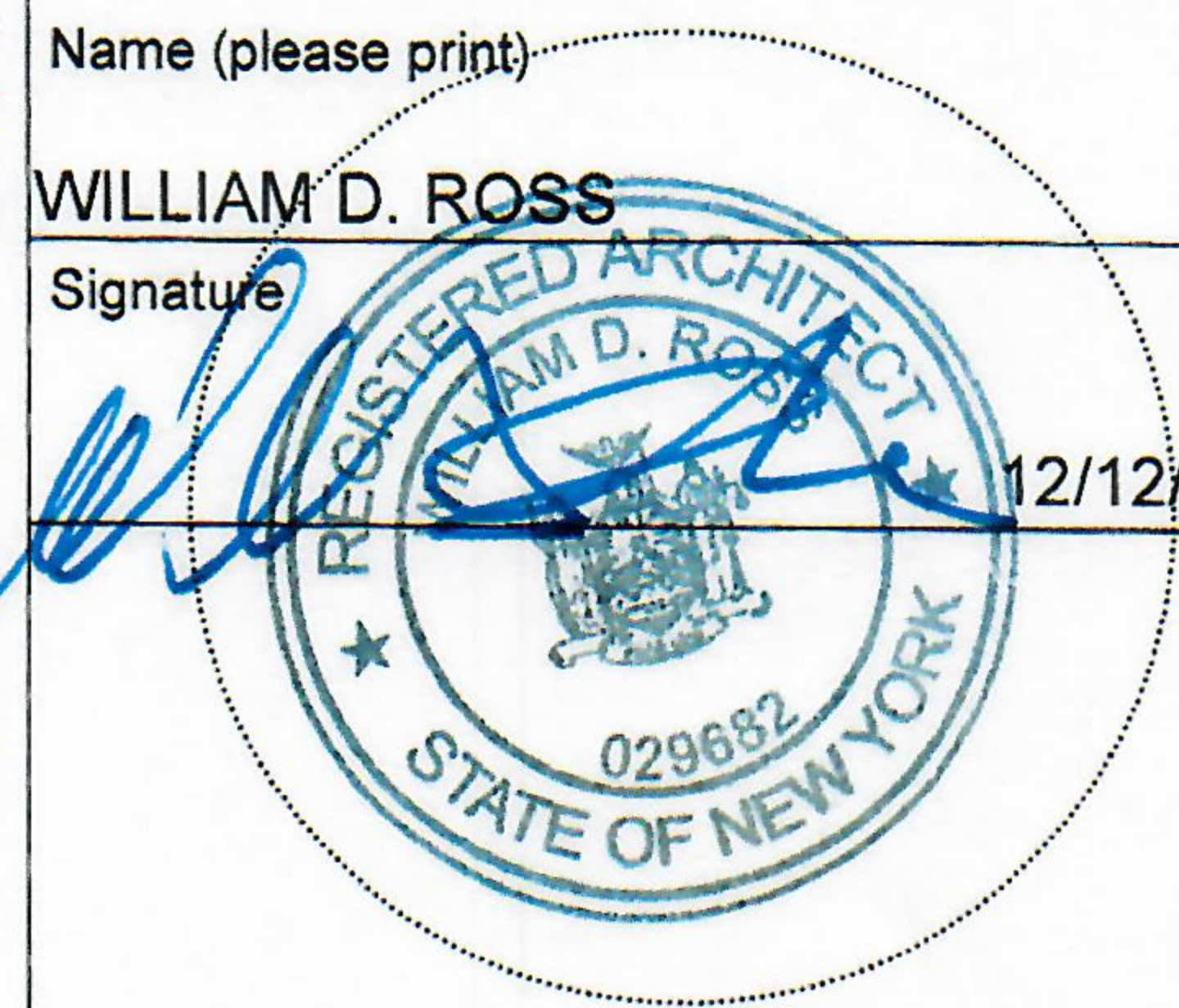
WILLIAM D. ROSS

Signature

Date

12/12/2019

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