



PW4: Application for Certificate of Compliance for Equipment

Must be typewritten.

DEPT BLDGS Job No. 321791673



Scan Code ESHS2351966

1 Filing Status

Job Number 321791673

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. 1070 Street Name BUSHWICK AVENUE Apt/Condo No(s)

Borough Brooklyn Block 3339 Lot 23 BIN 3076414 CB No. 304

Work on Floor 4TH FLOOR & ROOF

4 Applicant Information *Required for all applications.*

Last Name BIFULCO First Name EUGENE Middle Initial P

Business Name CROSSCHECK INSPECTION SERVICES LLC Business Telephone (646) 856-8994

Business Address 806 3RD AVENUE Business Fax (212) 563-6753

City NEW HYDE PARK State NY Zip 11040 Mobile Telephone (347) 949-2802

E-Mail CROSSCHECKINSPECTION@GMAIL.COM

☒ P.E.
 ☐ R.A.
 ☐ Other
 License Number 071439

5 Equipment Specifications *Instructions for section (complete all).*

Item—Manufacturer/Trade Name	Floor	No. of Items	Certification Number for Listing	Capacity: BTUs/CFM
313-04-01 Liebert VSK035KDC000395S	4TH FL	1	N18K8H0055	10 TONS
313-04-02 Liebert VSK035KDC000395S	4TH FL	1	N18K8H0054	10 TONS
210-4R-01 Liebert DDO350Y	ROOF	1	C18LT2A004	182000 BTU
210-4R-02 Liebert DDO350Y	ROOF	1	C18LT2A003	182000 BTU

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 NEIL BANACH

Title MANAGER

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: EUGENE BIFULCO

Inspector's Signature

Date Signed Off: 5-16-19

Name (please print)

EUGENE BIFULCO

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