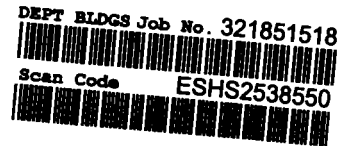




PW4: Application for Certificate of Compliance  
for Equipment

Must be typewritten.



**1 Filing Status**  
Job Number 321851518

**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. 8701 Street Name 4TH AVENUE Apt/Condo No(s)  
Borough BROOKLYN Block 6050 Lot 8 BIN 3153753 CB No. 310  
Work on Floor ROF

**4 Applicant Information** Required for all applications.

Last Name GOROFF First Name SPENCER Middle Initial  
Business Name SRA INSPECTIONS Business Telephone (212) 505-1986  
Business Address 511 CANAL STREET, 4TH FLOOR Business Fax  
City NEW YORK State NY Zip 10013 Mobile Telephone  
E-Mail  
☒ P.E. ☐ R.A. ☐ Other License Number 053771

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

| Item—Manufacturer/Trade Name | Floor | No. of Items | Certification Number for Listing | Capacity: BTUs/CFM |
|------------------------------|-------|--------------|----------------------------------|--------------------|
| RTU-1 YORK D2CG180N24025ECE  | ROF   | 1            | NHKM090111                       | 6000 CFM           |
| RTU-2 YORK DM090N10NAAA2A    | ROF   | 1            | NCLM022283                       | 3000 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 MORRIS DWECK  
Title MANAGING AGENT  
Signature *M Dweck* Date 2/19/19

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: SPENCER GOROFF  
Inspector's Signature *Spencer Goroff* Date Signed Off: 3/15/19

Name (please print) SPENCER GOROFF  
Signature *Spencer Goroff* Date  
P.E. / R.A. Seal (apply seal, then sign and date over seal)

**INTERNAL USE ONLY**

|                                                                                                |                                                                   |
|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| Examined and Recommended for Approval <input type="checkbox"/> Yes <input type="checkbox"/> No | Approved <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Examiner                                                                                       | Borough Commissioner                                              |
| Signature                                                                                      | Signature                                                         |
| Date                                                                                           | Date                                                              |

APR 30 2019  
PW4 2/15