



DEPT OF BLDGS 402275266 Job Number

ES172287370 Scan Code

PW4: Application for Certificate of Compliance
for Equipment

Must be typewritten.

☒ Orient and affix BIS
job number label here ☒

1 Filing Status

Job Number 402275266

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. 50-30 Street Name 98 Street Apt/Condo No(s)

Borough Queens Block 1890 Lot 42 BIN 4046830 CB No. 404

Work on Floor 001

4 Applicant Information Required for all applications.

Last Name Smerina First Name Joseph Middle Initial

Business Name New York Design Architects LLP Business Telephone 212-680-0140

Business Address 175 West Broadway Business Fax 212-658-9548

City New York State NY Zip 10013 Mobile Telephone

E-Mail jsmerina@newyorkdesign.com

☐ P.E. ☒ R.A. ☐ Other License Number 024616

5 Equipment Specifications Instructions for section (complete all).

Item—Manufacturer/Trade Name	Floor	No. of Items	Certification Number for Listing	Capacity: BTUs/CFM
Modine Mod#PD250AA0111	first	2	MEA # 293-96-E	250,000 BTU'S
Modine Mode#PAE145AC	first	3	MEA #195-91-E	250,000 BTU'S

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 Paul Melis

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: Joseph Smerina

Inspector's Signature:

Date Signed Off: 6-4-2021

Name (please print)

Joseph Smerina

Signature

Date

6-4-2021

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