

20946-PW-4-808496



PW4: Application for Certificate of Compliance for Equipment

DEPT BLDGS Job No. 420654250



Scan Code ESHS3353899

Must be typewritten.

1 Filing Status

Job Number 420654250

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. 11-12A Street Name 45TH ROAD Apt/Condo No(s)

Borough Queens Block 54 Lot 146 BIN 4622984 CB No. 402

Work on Floor CEL,01-04,PEN,ROF

4 Applicant Information *Required for all applications.*

Last Name GREENWALD First Name RICHARD Middle Initial

Business Name DELTA TESTING LABORATORIES INC Business Telephone (914) 699-0056

Business Address 23 SOUTH MACQUESTEN PKWY Business Fax (914) 699-0122

City MT VERNON State NY Zip 10550 Mobile Telephone (845) 596-8721

E-Mail DTL@DELTATESTINGLABS.COM

☒ P.E. ☐ R.A. ☐ Other License Number 53778

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

Item—Manufacturer/Trade Name	Floor	No. of Items	Certification Number for Listing	Capacity: BTUs/CFM
ACCU-1 LG ARUN060GSS4	ROOF	1	812KCFTOED91	AC:50,000/ H:64,000BTU
ACCU-2 LG ARUN060GSS4	ROOF	1	812KCPYOED96	AC:50,000/ H:64,000BTU

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 ADAM GINSBURG

Title VICE PRESIDENT

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: RICHARD GREENWALD

Inspector's Signature:

Date Signed Off: 4/18/21

Name (please print)

RICHARD GREENWALD

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