



PW4: Application for Certificate of Compliance
for Equipment

Must be typewritten.

DEPT BLDGS Job No. 421384674



Scan Code ESHS2589142

1 Filing Status

Job Number 421384674

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. 192-07 Street Name UNION TPKE Apt/Condo No(s)

Borough QUEENS Block 7208 Lot 36 BIN 4155157 CB No. 408

Work on Floor CEL,001

4 Applicant Information Required for all applications.

Last Name STILES First Name SHAWN Middle Initial

Business Name S & S ARCHITECTURAL DESIGN Business Telephone 908-268-6283

Business Address 1201 BROADWAY 607 Business Fax (212) 433-5436

City NEW YORK State NY Zip 10001 Mobile Telephone

E-Mail SSTILES_12000@YAHOO.COM

☐ P.E. ☒ R.A. ☐ Other License Number 002840

5 Equipment Specifications Instructions for section (complete all).

Item—Manufacturer/Trade Name	Floor	No. of Items	Certification Number for Listing	Capacity: BTUs/CFM
ROOF TOP UNIT LUXAIRE ZD-05H12A2A1AAA1A1	ROF	1	N1C9688118	60,000 BTU
ROOF TOP UNIT YORK TCJD42S41S4A	ROF	1	W1K4973716	1850 CFM
ROOF TOP UNIT YORK TCJD36S41S3A	ROF	1	W1D3673839	1850 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 GEORGE L. MALIN

Title PARTNER

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: SHAWN STILES, R.A.

Inspector's Signature:

Date Signed Off: 1-29-2010

Name (please print)

SHAWN STILES, R.A. ARCHITECT

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