



PW4: Application for Certificate of Compliance
for Equipment

Must be typewritten.

1 Filing Status

Job Number 421402226

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. 104-23 Street Name ROOSEVELT AVE Apt/Condo No(s)
Borough QUEENS Block 1776 Lot 60 BIN 4044651 CB No. 412
Work on Floor ROOF

4 Applicant Information Required for all applications.

Last Name HOURIZADEH First Name SION Middle Initial
Business Name SION CONSULTING ENGINEERING PC Business Telephone (516) 327-0111
Business Address 24502 JERICHO TPKE Business Fax (516) 327-0552
City FLORAL PARK State NY Zip 11001 Mobile Telephone
E-Mail INFO@SIONASSOCIATES.COM
☒ P.E. ☐ R.A. ☐ Other License Number 074129

5 Equipment Specifications Instructions for section (complete all).

Item—Manufacturer/Trade Name	Floor	No. of Items	Certification Number for Listing	Capacity: BTUs/CFM
MAKE: YORK	ROOF	02	ZF072N12D2A1AAA1A1A	75,000/125,000

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 DAVID IMANI

Title OWNER

Signature

Date 05/24/2019

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: SION HOURIZADEH, P.E.

Inspector's Signature:

Date Signed Off: 05/24/2019

Name (please print)

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