



DEPT OF BLDGS 421558102

Job Number



ES417385925

Scan Code

421558102

PW4: Application for Certificate of Compliance
for EquipmentOrient and affix BIS
job number label here

Must be typewritten.

1 Filing Status

Job Number 421558102

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. 97-29

Street Name 64 ROAD

Apt/Condo No(s)

Borough QUEENS

Block 2091

Lot 33

BIN 4622920

CB No. 406

Work on Floor ROOF

4 Applicant Information Required for all applications.

Last Name HUANG

First Name FRAN

Middle Initial

Business Name HPL ENGINEERING P.C.

Business Telephone 718-439-6600

Business Address 5701 6TH AVENUE

Business Fax 718-439-6688

City BROOKLYN

State NY

Zip 11220

Mobile Telephone

E-Mail HPLENGINEERING@GMAIL.COM

☒ P.E.☐ R.A.☐ Other

License Number 083189

5 Equipment Specifications Instructions for section (complete all).

Item—Manufacturer/Trade Name	Floor	No. of Items	Certification Number for Listing	Capacity: BTUs/CFM
mitsubishi, MOD: PUMY-P36NKMU2	ROF	1	SERIAL: 8ZU00663A	36000/42000BTUs
mitsubishi, MOD: MUZ-HM24NA	ROF	1	SERIAL: 9004378T	22500/26000BTUs

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 KIN CHUENG

Title OWNER

Signature

Date 02/01/2021

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: FRAN HUANG P.E.

Inspector's Signature:

Date Signed Off: 02/01/2021

Name (please print)

FRAN HUANG

Signature

Date

02/01/2021

P.E. / R.A. Seal (apply seal, then sign and date over seal)

INTERNAL USE ONLY

Examined and Recommended for Approval ☐ Yes ☐ NoApproved ☐ Yes ☐ No

Examiner

Borough Commissioner

Signature

Date

Signature

Date