

PW4: Application for Certificate of Compliance for Equipment

☒ Orient and affix BIS job number label here ☒

Must be typewritten.

1 Filing Status

Job Number 421582282

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. 47-16 Street Name VERNON BOULEVARD Apt/Condo No(s)
Borough QUEENS Block 29 Lot 2 BIN 4000059 CB No. 402
Work on Floor CEL,001,002,003

4 Applicant Information Required for all applications.

Last Name ARJUNE First Name NISCHAL Middle Initial
Business Name ARJUNE DESIGN STUDIO, LLC Business Telephone (917)771-0449
Business Address 1407 BROADWAY SUITE#1714 Business Fax
City NEW YORK State NY Zip 10018 Mobile Telephone
E-Mail arjunedesign@yahoo.com
☐ P.E. ☒ R.A. ☐ Other License Number 034339

5 Equipment Specifications Instructions for section (complete all).

Item—Manufacturer/Trade Name	Floor	No. of Items	Certification Number for Listing	Capacity: BTUs/CFM
MAKE -GOODMAN Model# GSZ140481KF	1 FL	1	SERIAL#1803200179	48,000 BTU
MAKE -GOODMAN Model# GSZ140481KF	1 FL	1	SERIAL# 1803269888	48,000 BTU

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 ERENIA DOMINGUEZ

Title OWNER

Signature *Erenia Dominguez*

Date 11/8/2019

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: NISCHAL ARJUNE R.A

Inspector's Signature: *Nischal Arjune*

Date Signed Off: 10/21/2019

Name (please print)

NISCHAL ARJUNE R.A

Signature *Nischal Arjune*

Date 11/8/19

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	Signature
Date	Date