



PW4: Application for Certificate of Compliance
for Equipment

☒ Orient and affix BIS
job number label here ☒

Must be typewritten.

1 Filing Status

Job Number 421669206

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. 72-26 Street Name 137 ST Apt/Condo No(s)

Borough QUEENS Block 6580 Lot 18 BIN CB No.

Work on Floor OSP

4 Applicant Information Required for all applications.

Last Name LOK First Name NORMAN Middle Initial

Business Name NORMAN C LOK P.E. Business Telephone (917) 727-5057

Business Address 65-50 METROPOLITAN AVE Business Fax

City MIDDLE VILLAGE State NY Zip 11379 Mobile Telephone

E-Mail NORMAN@LOK.NET

☒ P.E. ☐ R.A. ☐ Other License Number 089525

5 Equipment Specifications Instructions for section (complete all).

Item—Manufacturer/Trade Name	Floor	No. of Items	Certification Number for Listing	Capacity: BTUs/CFM
CARRIER / CONDENSER	OSP	1	model# 24ACC660A300 / Serial#2818E29702	60000 BTU
CARRIER / CONDENSER	OSP	1	model# 24ACC660A300 / Serial#2018E16390	60000 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 EDUARD KATANOV

Title SELF

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: NORMAN C LOK

Inspector's Signature:

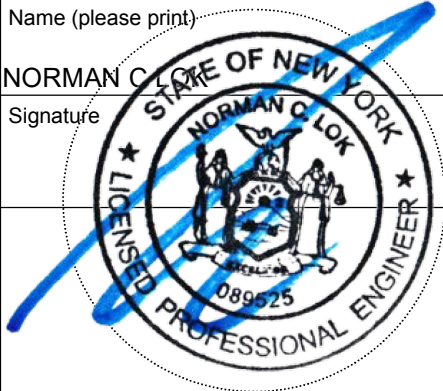
Date Signed Off:

Name (please print)

NORMAN C LOK

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