



PW4: Application for Certificate of Compliance
for Equipment

Must be typewritten.

DEPT BLDGS Job No. 440264232



Scan Code ESHS8098421

1	Filing Status
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Job Number 440264232

2	Type of Equipment Required for all applications.
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☐ Heating System (Not including boilers) ☐ Ventilation System ☒ Air Conditioning System ☐ Refrigeration

3	Location Information Required for all applications.
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House No. 59-26 Street Name 55 DRIVE Apt/Condo No(s)

Borough Queens Block 2688 Lot 17 BIN 4059946 CB No. 405

Work on Floor 001,MEZ

4	Applicant Information Required for all applications.
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Last Name HOQUE First Name AKM Middle Initial A

Business Name ASHRAF CORPORATION INC Business Telephone 917-406-2885

Business Address 88-11 ELMHURST AVE APT# E7 Business Fax

City ELMHURST State NY Zip 11373 Mobile Telephone 917-406-2885

E-Mail ASHRAF.CORP@YAHOO.COM

☒ P.E. ☐ R.A. ☐ Other License Number 083278

5	Equipment Specifications Instructions for section (complete all).
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Item—Manufacturer/Trade Name	Floor	No. of Items	Certification Number for Listing	Capacity: BTUs/CFM
YORK MODEL NO. D2NA060N11025D	ROOF	1	SERIAL NO. NNLM141225	135000 BTU/H

6	Statement and Signatures Required for all applications.
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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 RACHEL LALENA

Title

Signature

Date 12/03/2015

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: AKM A HOQUE

Inspector's Signature:

Date Signed Off:

Name (please print)

AKM A HOQUE

Signature

Date



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

INTERNAL USE ONLY	
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Examined and Recommended for Approval ☐ Yes ☐ No	Approved ☐ Yes ☐ No
Examiner	Borough Commissioner
Signature	Signature
Date	Date