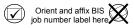


PW4: Application for Certificate of Compliance for Equipment



Must be typewritten.

| 1 | Filing Status | | | | | | | |
|--|---|---------------------------------------|---------|-----------------|-------------|--|------------------|--|
| Job Number | | | | | | | | |
| 2 Type of Equipment Required for all applications. | | | | | | | | |
| | Heating System Ventilation System Air Conditioning System Refrigeration | | | | | | | |
| 3 | 3 Location Information Required for all applications. | | | | | | | |
| | House No. | House No. Street Name | | | | | | |
| _ | Borough | Block | Lot BIN | | | CB No. | | |
| | Work on Floor | | | | | | | |
| 4 | 4 Applicant Information Required for all applications. | | | | | | | |
| | Last Name First Name | | | | | Middle Initial | | |
| | Business Name | | | | | Business Telephone | | |
| | Business Address | | | | | Business Fax | | |
| - | City State Zip | | | | | Mobile Telephone | | |
| | E-Mail | | | | | | | |
| | P.E. R.A. Other | | | | | License Number | | |
| 5 | 5 Equipment Specifications Instructions for section (complete all). | | | | | | | |
| | Item—Manufacturer/Trade Name | | | No. of Items | 0 1 7 | | | |
| | | | | | | | | |
| • | | | | | | | | |
| - | | | | | | | | |
| | | | | | | | | |
| 6 | 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. | | | | | Name (please print) | Date | |
| | Owner Name | | | | | | | |
| | Title | | | | | | | |
| | 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: | | | | | | | |
| | | | | | | | | |
| | | | | | | P.E. / R.A. Seal (apply seal, then sig | in and date over | |
| | Inspector's Signature: | spector's Signature: Date Signed Off: | | | | seal) | | |
| | INTERNAL USE ONLY | | | | | | | |
| | Examined and Recommended | for Approval Yes | No | Approv | ved Yes | No | | |
| | Examiner | Examiner Borough | | | gh Commissi | | | |
| | Signature Date Signature | | | | ure | D | late | |