



PW4: Application for Certificate of Compliance
for Equipment

Orient and affix BIS
job number label here

Must be typewritten.

1 Filing Status

Job Number

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.	Street Name	Apt/Condo No(s)		
Borough	Block	Lot	BIN	CB No.
Work on Floor				

4 Applicant Information Required for all applications.

Last Name	First Name	Middle Initial
Business Name	Business Telephone	
Business Address	Business Fax	
City	State	Zip
E-Mail	Mobile Telephone	
<input type="checkbox"/> P.E.	<input type="checkbox"/> R.A.	<input type="checkbox"/> Other
License Number		

5 Equipment Specifications Instructions for section (complete all).

Item—Manufacturer/Trade Name	Floor	No. of Items	Certification Number for Listing	Capacity: BTUs/CFM

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 _____

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: _____

Inspector's Signature: _____ Date Signed Off: _____

Name (please print) _____

Signature _____ Date _____

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

INTERNAL USE ONLY	
Examined and Recommended for Approval <input type="checkbox"/> Yes <input type="checkbox"/> No	Approved <input type="checkbox"/> Yes <input type="checkbox"/> No
Examiner	Borough Commissioner
Signature _____ Date _____	Signature _____ Date _____