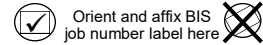




PW4: Application for Certificate of Compliance for Equipment

Form 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 Other: _____ (required if selected)

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 _____ Mobile Telephone _____
Email Address _____
 P.E. R.A. Other License Number _____

5 EQUIPMENT SPECIFICATIONS (Section Instructions - complete all)

| Item: Manufacturer/Trade Name | Floor | No. of Items | Certification Number for Listing | Capacity | |
|-------------------------------|-------|--------------|----------------------------------|----------|-------|
| | | | | Value | Units |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

6 STATEMENT & 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.

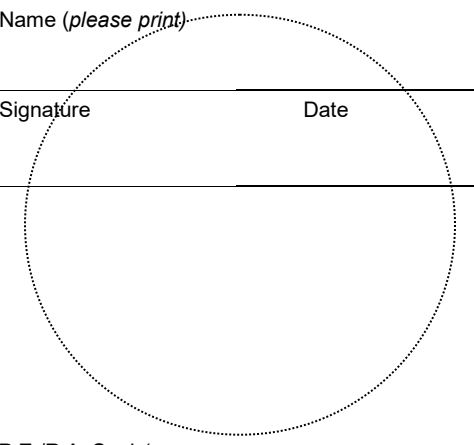
Owner Name _____
Title _____
Signature _____ Date _____

I hereby certify the work indicated above has been done in a manner required by the Rules & Regulations of the Department of Buildings except where reported adversely.

Inspector's 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 _____ |