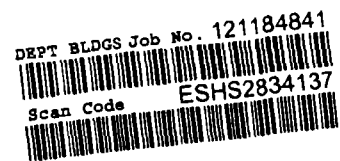




PW4: Application for Certificate of Compliance for Equipment

Must be typewritten.



1	Filing Status
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Job Number 121184841

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. 550 Street Name WEST 34TH STREET Apt/Condo No(s)
 Borough Manhattan Block 705 Lot 1 BIN 1089412 CB No 104
 Work on Floor SC, CEL, 1-51, 51M, ROOF

4	Applicant Information Required for all applications.
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Last Name JAO First Name AN-TAI Middle Initial
 Business Name MACIA INSPECTION & TESTING LABORATORIES, Business Telephone (718) 324-6707
 Business Address 2253 LIGHT STREET Business Fax (718) 324-7030
 City BRONX State NY Zip 10466 Mobile Telephone (845) 453-2858
 E-Mail irene@maciainspection.com
☒ P.E. ☐ R.A. ☐ Other License Number 068095

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
AC-RF-1 / Mitsubishi / Model # - PKA-A36KA7/PUY-A36KA7 BS	ROOF	1	MEA # 305-97-E	37.06 MBH

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 HAGEN SCUTT
 Title AGENT FOR OWNER
 Signature *[Signature]*
 Date 10/1/18

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: AN-TAI JAO

Inspector's Signature: *[Signature]* Date Signed Off: 9/26/18

Name (please print)	AN-TAI JAO
Signature	<i>[Signature]</i>
Date	9/26/18

STATE OF NEW YORK
 AN-TAI JAO
 LICENSED PROFESSIONAL ENGINEER
 068095

P.E. 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