



# PW4: Application for Certificate of Compliance for Equipment

Must be typewritten.



## 1 Filing Status

Job Number 121184841

## 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. 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.

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 IM.MACIACONSULTING@VERIZON.NET

☒ P.E.
 ☐ R.A.
 ☐ Other
 License Number 068095

## 5 Equipment Specifications Instructions for section (complete all).

Item—Manufacturer/Trade Name	Floor	No. of Items	Certification Number for Listing	Capacity: BTUs/CFM
AC-2-1/DAIKIN/MODEL# SWP050H	2	1	MEA# 138-04-E	50 TONS
AC-2-2/DAIKIN/MODEL# SWP065HLM	2	1	MEA# 138-04-E	65 TONS
AC-2-3/DAIKIN/MODEL# SWP023HSS	2	1	MEA# 138-04-E	23 TONS
AC-3-1/DAIKIN/MODEL# SWP080HSL	3	1	MEA# 138-04-E	80 TONS
AC-4-1/DAIKIN/MODEL# SWP080HSL	4	1	MEA# 138-04-E	80 TONS

## 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 HAGEN SCUTT

Title AGENT FOR OWNER

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 AN-TAI JAO

Inspector's Signature.

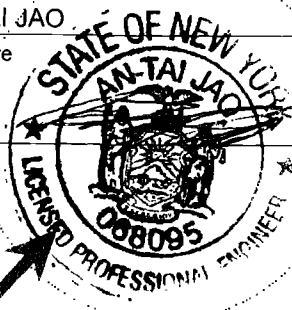
Date Signed Off: 9/24/18

Name (please print)

AN-TAI JAO

Signature

Date



Seal (apply seal, then sign and date over)

## INTERNAL USE ONLY

Examined and Recommended for Approval ☐ Yes ☐ No

Approved ☐ Yes ☐ No

Examiner

Borough Commissioner

Signature

Date

Signature

Date