



PW4: Application for Certificate of Compliance for Equipment

121185760

☒ Orient and affix BIS
job number label here ☒

1 Filing Status

Job Number 121185760

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. 435

Street Name West 31st Street

Apt/Condo No(s)

Borough Manhattan

Block 729

Lot 50

BIN 1089664

CB No. 104

Work on Floor Roof, 63, 65

4 Applicant Information Required for all applications

Last Name Salib

First Name Fawzy

Middle Initial

Business Name Atlantic Engineering Laboratories

Business Telephone (732) 815-0400

Business Address 21 Randolph Avenue

Business Fax

City Avenel

State NJ

Zip 07001

Mobile Telephone

E-Mail

☒ P.E.

☐ R.A.

☐ Other

License Number 063306

5 Equipment Specifications Instructions for section (complete all).

Item—Manufacturer/Trade Name	Floor	No. of Items	Certification Number for Listing	Capacity: BTU's/CFM
ACC-65-3 Stulz SCS-120-DEC	Roof	1	10031920	9,107 CFM
ACC-65-4 Stulz SCS-120-DEC	Roof	1	10031921	9,107 CFM
AC-63-1 MCQUAY CAH035GDGM	63	1	FBOU160401082	13,000 CFM
AC-63-2 MCQUAY CAH030GDGC	63	1	FBOU160401204	14,000 CFM
AC-65-1 Stulz OHS-084-DAR	65	1	10031912	3,350 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 Henry Caso

Title VP

Signature

Date

3/19/17

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: Fawzy Salib

Inspector's Signature:

Date Signed Off:

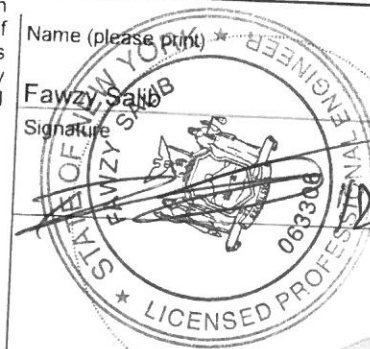
SIGN AND DATE

Name (please print)

Fawzy Salib

Signature

Date



SIGN AND SEAL

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

REVIEWED BY

Damian Titus
Building Code Specialist

INTERNAL USE ONLY

Examined and Reviewed by Building Code Specialist

Examiner

Signature

Yes ☐ No ☐

Approved ☐ Yes ☐ No ☐

Borough Commissioner

Signature

Date

APPROVED

Date: 06/27/2017



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3 Location Information Required for all applications.

House No. 435 Street Name West 31st Street Apt/Condo No(s)
Borough Manhattan Block 729 Lot 50 BIN 1089664 CB No. 104
Work on Floor 4, Roof

4 Applicant Information Required for all applications.

Last Name Salib First Name Fawzy Middle Initial
Business Name Atlantic Engineering Laboratories Business Telephone (732) 815-0400
Business Address 21 Randolph Avenue Business Fax
City Avenel State NJ Zip 07001 Mobile Telephone
E-Mail
☒ P.E. ☐ R.A. ☐ Other License Number 063306

5 Equipment Specifications Instructions for section (complete all)

Item—Manufacturer/Trade Name	Floor	No. of Items	Certification Number for Listing	Capacity: BTU's/CFM
AC-4-3 MCQUAY SWP044HSB27PBE6CEEYYYYLS	4	1	FBOU160301730	10,000 CFM
ACC-64-1 MCQUAY RCS062DYYYYY	Roof	1	FBOU160300495	50 Tons
ACC-64-2 MCQUAY RCS045DYYYYY	Roof	1	FBOU160300488	43 Tons
ACC-65-1 Stulz SCS-192-DEC	Roof	1	10031918	19,325 CFM
ACC-65-2 Stulz SCS-192-DEC	Roof	1	10031919	19,325 CFM

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Owner Name Henry Caso

Title VP

Signature

Date

3/19/17

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: Fawzy Salib

Inspector's Signature: Damian Titus

Date Signed Off: 4/20/17

Building Code Specialist

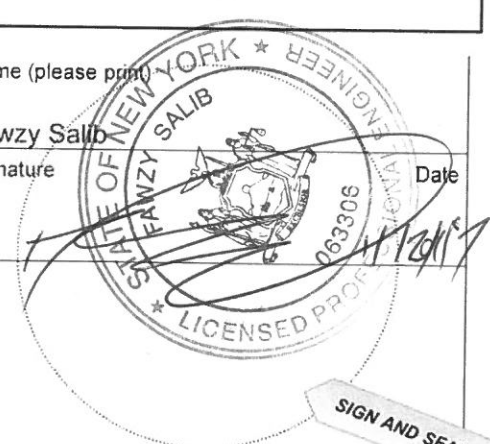
NYC Development Hub

Name (please print)

Fawzy Salib

Signature

Date



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

SIGN AND SEAL

Examined and Recommended for Approval ☐ Yes ☐ No Approved ☐ Yes ☐ No
Examiner Signature Date Borough Commissioner Signature Date

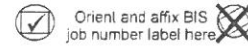
Date: 06/27/2017



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House No. 435 Street Name West 31st Street Apt/Condo No(s)
Borough Manhattan Block 729 Lot 50 BIN 1089664 CB No. 104
Work on Floor

4 Applicant Information Required for all applications.

Last Name Salib First Name Fawzy Middle Initial
Business Name Atlantic Engineering Laboratories Business Telephone (732) 815-0400
Business Address 21 Randolph Avenue Business Fax
City Avenel State NJ Zip 07001 Mobile Telephone
E-Mail
☒ P.E. ☐ R.A. ☐ Other License Number 063306

5 Equipment Specifications Instructions for section (complete all).

Item—Manufacturer/Trade Name	Floor	No. of Items	Certification Number for Listing	Capacity: BTU's/CFM
AC-DC-64-1 Stulz FSS-211AVG	65	1	E16B00743847001001	20 Tons
AC-S-1 Stulz OHS-024-AS	1	1	10030122	1,400 CFM
AC-S-2 Stulz OHS-040-HAS	1	1	10030123	2,000 CFM
AC-S-3 Stulz OHS-040-HAS	1	1	10030124	2,000 CFM
WCCU-36-1 United Cool Air BW12G4BTA-X	36	1	1605162	9 Tons

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Owner Name Henry Caso

Title VP

Signature

Date 3/19/17

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: Fawzy Salib

Inspector's Signature

Date Signed Off: 1/20/17

SIGN AND DATE

Name (please print)

Fawzy Salib

Signature

Date

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

INTERNAL USE ONLY
Damian Titus
Building Code Specialist
NYC Development Hub

Examined and Recommended for Approval ☐ Yes ☐ No Approved ☐ Yes ☐ No

Examiner Signature Date Borough Commissioner

Signature Date Signature Date

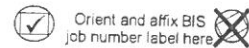
APPROVED

Date: 06/27/2017



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Job Number 121185760

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3 Location Information *Required for all applications.*

House No. 435 Street Name West 31st Street Apt/Condo No(s)
Borough Manhattan Block 729 Lot 50 BIN 1089664 CB No. 104
Work on Floor 4, 36

4 Applicant Information *Required for all applications.*

Last Name Salib First Name Fawzy Middle Initial
Business Name Atlantic Engineering Laboratories Business Telephone (732) 815-0400
Business Address 21 Randolph Avenue Business Fax
City Avenel State NJ Zip 07001 Mobile Telephone
E-Mail
☒ P.E. ☐ R.A. ☐ Other License Number 063306

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

Item—Manufacturer/Trade Name	Floor	No. of Items	Certification Number for Listing	Capacity: BTU's/CFM
AC-36-4 United Cool Air Miniwall ED3G1TA	36	1	1608099	850 CFM
AC-36-5 United Cool Air Miniwall ED3G1TA	36	1	1608101	850 CFM
AC-DC-1 Stulz FDS-1003BVG	4	1	E16B00743847002003	100 Tons
AC-DC-2 Stulz FDS-1003BVG	4	1	E16B00743847002002	100 Tons
AC-DC-3 Stulz FDS-1003BVG	4	1	E16B00743847002001	100 Tons

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Owner Name Henry Gaso
Title VP
Signature
Date 3/19/17

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: Fawzy Salib

Inspector's Signature Date Signed Off: 1/20/17

Name (please print) Fawzy Salib
Signature
Date 1/20/17

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

REVIEWED BY
Damian Titus
Building Code Specialist
NYC Development Hub

Examined and Recommended for Approval ☐ Yes ☐ No Approved ☐ Yes ☐ No
Examinee Borough Commissioner
Signature Date _____ Signature _____ Date _____

APPROVED

Date: 06/27/2017



PW4: Application for Certificate of Compliance for Equipment

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1 Filing Status

Job Number 121187560

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. 435

Street Name West 31st Street

Apt/Condo No(s)

Borough Manhattan

Block 729

Lot 50

BIN 1089664

CB No. 104

Work on Floor 3,36

4 Applicant Information Required for all applications.

Last Name Salib

First Name Fawzy

Middle Initial

Business Name Atlantic Engineering Laboratories

Business Telephone (732) 815-0400

Business Address 21 Randolph Avenue

Business Fax

City Avenel

State NJ

Zip 07001

Mobile Telephone

E-Mail

☒ P.E.

☐ R.A.

☐ Other

License Number 063306

5 Equipment Specifications Instructions for section (complete all).

Item—Manufacturer/Trade Name	Floor	No. of Items	Certification Number for Listing	Capacity: BTUs/CFM
AC-36-2 Stulz OHS-084-DG-FC	36	1	10031917	3,350 CFM
AC-3-1 (DAS) Stulz OHS-060-G-FG	3	1	10034567	2,500 CFM
AC-3-2 (DAS) Stulz OHS-060-G-FG	3	1	10034568	2,500 CFM
AC-3-3 Stulz OHS-040-HG-FC	3	1	10034569	1,415 CFM
AC-36-3 United Cool Air Miniwall ED3G1TA	36	1	1608100	850 CFM

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Owner Name Henry Caso

Title VP

Signature

Date

Name (please print)

Signature

Date

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Name: Fawzy Salib

Inspector's Signature: REVIEWED BY

Date Signed Off:

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

INTERNAL USE Building Code Specialist
NYC Development Hub

Examined and Recommended for Approval ☐ Yes ☐ No

Approved ☐ Yes ☐ No

Examiner

Borough Commissioner

Signature

Signature

Date

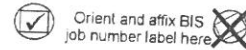
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House No. 435

Street Name West 31st Street

Apt/Condo No(s)

Borough Manhattan

Block 729

Lot 50

BIN 1089664

CB No. 104

Work on Floor 3, 4

4 Applicant Information Required for all applications.

Last Name Salib

First Name Fawzy

Middle Initial

Business Name Atlantic Engineering Laboratories

Business Telephone (732) 815-0400

Business Address 21 Randolph Avenue

Business Fax

City Avenel

State NJ

Zip 07001

Mobile Telephone

E-Mail

☒ P.E.

☐ R.A.

☐ Other

License Number 063306

5 Equipment Specifications Instructions for section (complete all).

Item—Manufacturer/Trade Name	Floor	No. of Items	Certification Number for Listing	Capacity: BTU's/CFM
AC-3-1 MCQUAY SWP050HLB27PBE6EEYYYYYMS	3	1	FBOU160301207	14,000 CFM
AC-3-2 MCQUAY SWP039HSB27PBE6CEYYYYYLS	3	1	FBOU160301387	8,000 CFM
AC-3-4 MCQUAY SWP073HSL27PBE6CCCCDDYYMS	3	1	FBOU160301359	15,000 CFM
AC-4-1 MCQUAY SWP050HLB27PBE6EEYYYYYMS	4	1	FBOU160301702	13,000 CFM
AC-4-2 MCQUAY SWP044HSB27PBE6CEYYYYYMS	4	1	FBOU160301731	11,000 CFM

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Title VP

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Date Signed Off:

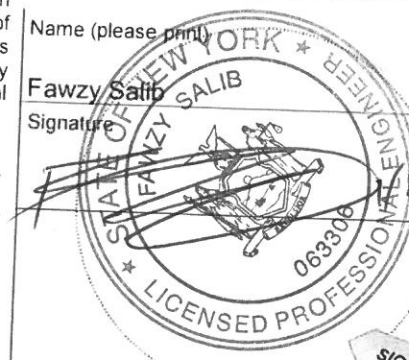
SIGN AND DATE

Name (please print)

Fawzy Salib

Signature

Date



SIGN AND SEAL

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

INTERNAL USE ONLY

Reviewed by Building Code Specialist

NYC Development Hub

Examined and Approved Yes ☒ No ☐

Examiner

Signature

Date

Approved Yes ☐ No ☐

Borough Commissioner

Signature

Date

APPROVED

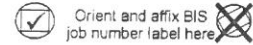
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12/14



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Job Number 121185760

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☐ Heating System (Not including boilers) ☒ Ventilation System ☒ Air Conditioning System ☐ Refrigeration

3 Location Information *Required for all applications.*

House No. 435 Street Name West 31st Street Apt/Condo No(s)

Borough Manhattan Block 729 Lot 50 BIN 1089664 CB No. 104

Work on Floor 65, Cellar

4 Applicant Information *Required for all applications.*

Last Name Salib First Name Fawzy Middle Initial

Business Name Atlantic Engineering Laboratories Business Telephone (732) 815-0400

Business Address 21 Randolph Avenue Business Fax

City Avenel State NJ Zip 07001 Mobile Telephone

E-Mail

☒ P.E. ☐ R.A. ☐ Other License Number 063306

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

Item—Manufacturer/Trade Name	Floor	No. of Items	Certification Number for Listing	Capacity: BTU's/CFM
AC-65-2 Stulz OHS-084-DAR	65	1	10031913	3,350 CFM
AC-65-3 Stulz OHS-060-AR	65	1	10031914	2,500 CFM
AC-65-4 Stulz OHS-060-AR	65	1	10031915	2,500 CFM
AC-B1-1 Stulz VFS-180-DW-FC-U-EC	Cellar	1	10030120	9,800 CFM
AC-B1-2 Stulz VFS-180-DW-FC-U-EC	Cellar	1	10030121	9,800 CFM

6 Statement and Signatures *Required for all applications.*

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Owner Name Henry Gaso

Title VP

Signature

Date 3/19/17

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: Fawzy Salib

Inspector's Signature:

Date Signed Off: 1/20/17

Name (please print)

Fawzy Salib

Signature

Date 1/20/17



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

REVIEWED BY
Damian Titus
Building Code Specialist

Examined and Approved by ☐ Yes ☐ No

Approved ☐ Yes ☐ No

Examiner

Borough Commissioner

Signature

Date

Signature

Date

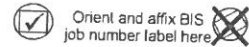
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House No. 435 Street Name West 31st Street Apt/Condo No(s)
Borough Manhattan Block 729 Lot 50 BIN 1089664 CB No. 104
Work on Floor Cellar, 1, 36

4 Applicant Information Required for all applications.

Last Name Salib First Name Fawzy Middle Initial
Business Name Atlantic Engineering Laboratories Business Telephone (732) 815-0400
Business Address 21 Randolph Avenue Business Fax
City Avenel State NJ Zip 07001 Mobile Telephone
E-Mail
☒ P.E. ☐ R.A. ☐ Other License Number 063306

5 Equipment Specifications Instructions for section (complete all).

Item—Manufacturer/Trade Name	Floor	No. of Items	Certification Number for Listing	Capacity: BTU's/CFM
AC-B1-3 Stulz OHS-024-HG-FC	Cellar	1	10030126	900 CFM
AC-B1-4 Stulz OHS-024-HG-FC	Cellar	1	10030127	900 CFM
AC-B1-5 Stulz OHS-040-G-FC-SF	Cellar	1	10030138	1,415 CFM
AC-1-1 Stulz OHS-060-G-FC	1	1	10030125	2,500 CFM
AC-36-1 Stulz OHS-084-DG-FC	36	1	10031916	3,350 CFM

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Inspector's Signature:

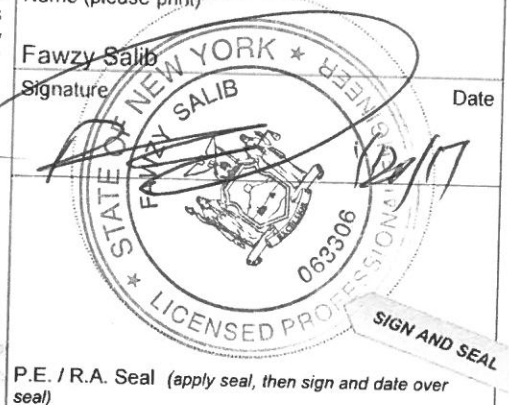
1/10/17
Date Signed Off:

Name (please print)

Fawzy Salib

Signature

Date



REVIEWED BY

INTERNAL USE ONLY: Damian Titus
Building Code Specialist

Examined and approved by NYCD Development Hub

Examiner Signature
Date

Approved ☐ Yes ☐ No

Borough Commissioner

Signature

Date

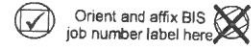
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House No. 435 Street Name West 31st Street Apt/Condo No(s)
Borough Manhattan Block 729 Lot 50 BIN 1089664 CB No. 104
Work on Floor 1, 2

4 Applicant Information *Required for all applications.*

Last Name Salib First Name Fawzy Middle Initial
Business Name Atlantic Engineering Laboratories Business Telephone (732) 815-0400
Business Address 21 Randolph Avenue Business Fax
City Avenel State NJ Zip 07001 Mobile Telephone
E-Mail
☒ P.E. ☐ R.A. ☐ Other License Number 063306

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

Item—Manufacturer/Trade Name	Floor	No. of Items	Certification Number for Listing	Capacity: BTU's/CFM
ACU-B Marley E96002250	1	1	0116-1	6,080 CFM
ACU-C Marley E96002250	2	1	0116-2	6,080 CFM

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Owner Name Henry Caso

Title VP

Signature

Date

3/9/17

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: Fawzy Salib

Inspector's Signature:

Date Signed Off: 3/9/17

Name (please print)

Fawzy Salib

Signature

Date

3/9/17



SIGN AND SEAL

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

Reviewed by: Damian Titus

Building Code Specialist

Examined and Approved by: [Signature] Yes ☐ No ☐

Approved ☐ Yes ☐ No

Examiner

Borough Commissioner

Signature

Signature

Date

APPROVED

Date: 06/27/2017