



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 _____ Mobile Telephone _____
E-Mail _____
 P.E. R.A. 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 _____