



NEW YORK CITY AGENCY FILINGS, APPROVALS & PERMITS

146 West 29th Street, Suite 2E
New York, NY 10001

TEL: 212-566-5110
FAX: 212-566-5112

Project Manager

DOB NOW REQUEST FOR INFORMATION SHEET

Project:

MECHANICAL WORK:

MECHANICAL COST: _____

APPLICANT DOB NOW EMAIL: _____

OWNER DOB NOW EMAIL: _____

SPECIAL INSPECTION COMPANY

DOB NOW EMAIL: _____

CONTRACTORS DOB NOW EMAIL: _____

Submit DOB NOW filing as: ☐ **STANDARD REVIEW**

☐ **PRO CERT**

What Mechanical work is being proposed? (Check all that apply)

☐ Heating Systems

☐ Ventilation System

☐ Air Condition System

☐ Refrigeration Systems

☐ Cooling Towers

☐ Associated Ducts & Piping

☐ Generators

☐ Other: _____

Equipment Efficiency %:

Equipment Units: __COP __EER __SEER

Air Conditioning Systems: (if more than 1 unit, provide unit info for each unit)

Item Name:

Item Desc:

Location:

Number of items:

Capacity Number:

Capacity Units: (CFM/BTU/Tons):

Equipment Efficiency %:

Equipment Units: __COP __EER __SEER

Manufacturer Name:

Model Name:

Is a Certificate of Compliance (Equipment Use Permit) Needed: Y___ / N ___

Does this require Commissioning and a preliminary report certification prior to sign off: Y___ / N ___

What is the Sum Total of the rated input capacity of all Heating equipment to be permitted under this application: (BTU/HR) _____

What is the Sum Total of the rated input capacity of all Cooling equipment to be permitted under this application: (BTU/HR) _____

ALL STAKEHOLDERS MUST HAVE AN ACTIVE E-FILING/DOB NOW EMAIL.

Please fee free to call our office for assistance with registration.