




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 <i>Required for all applications.</i>
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☐ Heating System (Not including boilers) ☐ Ventilation System ☐ Air Conditioning System ☐ Refrigeration

3 Location Information <i>Required for all applications.</i>

House No.	Street Name	Apt/Condo No(s)		
Borough	Block	Lot	BIN	CB No.
Work on Floor				

4 Applicant Information <i>Required for all applications.</i>
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Last Name		First Name		Middle Initial
Business Name			Business Telephone	
Business Address			Business Fax	
City	State	Zip	Mobile Telephone	
E-Mail				
<input type="checkbox"/> P.E.	<input type="checkbox"/> R.A.	<input type="checkbox"/> Other	License Number	

5 Equipment Specifications <i>Instructions for section (complete all).</i>

Item—Manufacturer/Trade Name	Floor	No. of Items	Certification Number for Listing	Capacity: BTUs/CFM

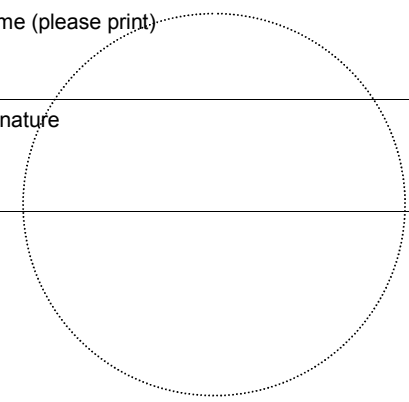
6 Statement and Signatures <i>Required for all applications.</i>

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			
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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 _____