



Equipment Use Application

Please File 3 Copies
Application Must Be Typewritten



1 Filing Status
Job Number

2 Type of Equipment
☐ Heating ☐ Ventilation ☒ Air Conditioning ☐ Refrigeration

3 Location
Borough MANHATTAN Block Lot(s) BIN
House No(s) 430 Street Name: EAST 67TH STREET Apt/Condo No(s).
Special Place Name ROCKEFELLAR RESEARCH LAB BLDG CONFOCAL MICROSCOPE Floor(s) M 1

4 Applicant
Last Name Liotta First Name Vincent M.I. J.
Business Name Vincent J. Liotta, P.E. Business Phone (718) 472-3506
Address 42-68 27th Street City Long Island City State NY Zip 11101
☒ P.E. ☐ R.A. ☐ Other: Lic. No. 048918

5 Equipment Specifications				
Item - Manufacturer/Trade Name	Floor	No. of Items	MEA Number or Serial Number	Capacity: BTU's/CFM
ARTIC CHILL PWCCPV0075T4	M 1	1	MRA# 386-92-E	88,500 BTU/HR

6 Statements and Signatures	
The owner certifies that he authorizes the applicant to perform the proposed work in accordance with plans and specifications approved under said application.	Applicant Name VINCENT J. LIOTTA, P.E.
Falsification of any statement is a misdemeanor under Section 26-124 of the Administrative Code and is punishable by a fine or imprisonment, or both.	Title PE
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.	Signature Date 7-23-10
	Owner Name
	Title
	Signature Date

Approvals	
Examined and Recommended for Approval	Approved
Examiner Name	Borough Commissioner Signature Date
Signature Date	

Sign Off	
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 7/23/10

