



Equipment Use Application/Permit

Please File 3 Copies
Application Must Be Typewritten



2 Type of Equipment

Heating	Ventilation	☒ Air Conditioning	Refrigation
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3 Location

Borough MANHATTAN	Block 1751	Lot(s) 51	BIN 1054113
House No.(s) 1989	Street Name: MADISON AVENUE		Apt/Condo No(s).
Special Place Name	Floor(s) BAS,ROF 001 thru 003		

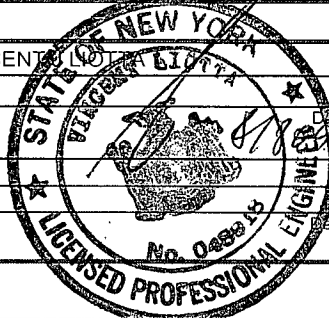
4 Applicant

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

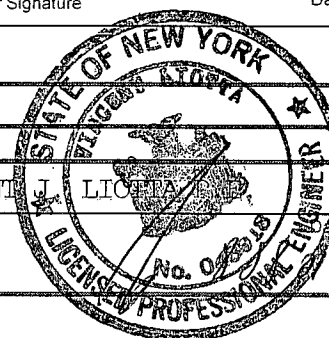
5 Equipment Specifications

Item - Manufacturer/Trade Name	Floor	No. of Items	MEA Number or Serial Number	Capacity: BTU's/CFM
AH-1 CARRIER FA4ANF060	1	1	MEA# 54-06-E	1950 CFM
AH-2 CARRIER FA4ANF060	2	1	MEA# 54-06-E	1950 CFM
CU-1, CU-2 CARRIER 24ACA360	ROOF	2	MEA# 70-06-E	5 TONS

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. 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. 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.	Applicant Name VINCENT J. LIOTTA
	Title PE
	Signature 
	Date
	Owner Name
	Title
	Signature
	Date

Examiner's Name	Approved
Signature	Borough Commissioner Signature
Date	Date

Sign Off AUG 21 2009	Name VINCENT J. LIOTTA
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.	Inspector's Signature 
	Date Signed Off

