



Equipment Use Application/Pern

Please File 3 Copies
Application Must Be Typewritten

DEPT BLDGS Job No. 122131521



Scan Code ESHS9325756

1 Filing Status

Job Number 122131521

2 Type of Equipment

Heating ☐ Ventilation ☐ ☒ Air Conditioning ☐ Refrigeration ☐

3 Location

Borough Manhattan Block 502 Lot(s) 33 BIN 1079976
House No(s). 422 Street Name WEST BROADWAY Apt/Condo No(s).
Special Place Name MAUD FRIZON Floor(s) CEL, 1

4 Applicant

Last Name ROBINSON First Name ANDREW M.I.
Business Name ANDREW ROBINSON, P.E. Business Phone (646) 470-8554
Address 1538 ALEXANDRIA PIKE, SUITE 11 City FT. THOMAS State KY ZIP 41075
☒ P.E. ☐ R.A. ☐ Other Lic. No. 090097

5 Equipment Specifications

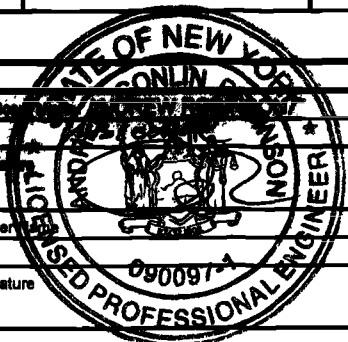
Item - Manufacturer/Trade Name	Floor	No. of Items	MEA Number or Serial Number	Capacity: BTU's/CFM
MAKE: SKYMARK MODEL#DSV060B2M1	1	1	SERIAL # 5GBM016667	1,960 CFM

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 28-124 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 fine or both.

Applicant Signature 
Title
Standards
Date 12/5/14
Owner Signature
Title
Signature
Date

Approvals

Examined and Recommended for Approval

Examiner Name

Signature

Date

Approved

Borough Superintendent Signature

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

Signature

Date Signed Off

10/6/14