



Equipment Use Application/F

Please File 3 Copies
Application Must Be Typewrit

DEPT. BLDGS	210035139	Job Number
SC090828015		Scan Code

1 Filing Status
Job Number 210035139

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

3 Location
Borough Bronx Block 3432 Lot(s) 135 BIN 2831841
House No.(s) 180/182 Street Name: Surf Drive Apt/Condo No(s).
Special Place Name Floor(s) 3

4 Applicant
Last Name Tangel First Name Daniel M.I. F.
Business Name Tangel Engineering Associates Business Phone (631) 750-2800
Address 285 Middle Country Road City Smithtown State NY Zip 11787
☒ P.E. ☐ R.A. ☐ Other: Lic. No. 609561

5 Equipment Specifications				
Item - Manufacturer/Trade Name	Floor	No. of Items	MEA Number or Serial Number	Capacity: BTU's/CFM
ACCU Goodman GSC130301	1	2	14-06-E	36,000/1,250
Furnace Goodman GDS80703AXBC	2	1	127-03-E	69,000/1,250
Furnace Goodman GDS80703AXBC	3	1	127-03-E	69,000/1,250

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 Daniel Tangel
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 Vice President
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 <i>[Signature]</i> Date 4/20/09
	Owner Name Michael Dubb
	Title President
	Signature <i>[Signature]</i> Date 4/20/09

Approvals	
Examined and Recommended for Approval	Approved <i>[Signature]</i> R.A.
Examiner Name	Borough Commissioner Signature
Signature	ACTING BOROUGH COMMISSIONER
Date	MAY 18 2010

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