



Equipment Use Application/Pe

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 Brooklyn Block 7280 Lot(s) 89 BIN 3196592
House No.(s) 301 Street Name: Sea Breeze Avenue Apt/Condo No(s).
Special Place Name Temple Beth Abraham Floor(s) Roof

4 Applicant

Last Name Shames First Name Valery M.I.
Business Name V. Shames, P.E. Business Phone (212) 542-3140
Address 2299 East 13 Street, Apt.# 3D City Brooklyn State NY Zip 11229
☒ P.E. ☐ R.A. ☐ Other: Lic. No. 065570

5 Equipment Specifications

Item - Manufacturer/Trade Name	Floor	No. of Items	MEA Number or Serial Number	Capacity: BTU's/CFM
RTU-1 Allied Commercial KGA-180S4BS1Y	Roof	1	103-08-E	182,000 btu
RTU-2 Allied Commercial KGA-180S4BS1Y	Roof	1	103-08-E	182,000 btu

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 Valery Shames

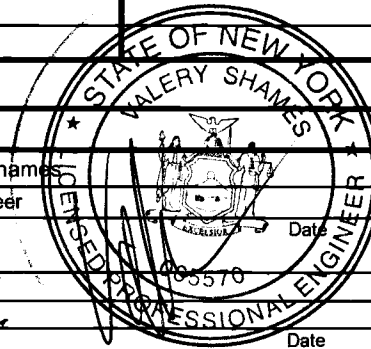
Title Professional Engineer

Signature

Owner Name Ronald Seif

Title President

Signature



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