

ORDER TYPE POMTR PO-METER PERMIT
ACCOUNT 4001027786001 NAME BENJAMIN BEECHWOOD LLC. PHONE 000-(
ADD NM BORO 4 BLK 16092 LOT 80 SEC 62 COMM BRD 414
ADDR 167 COMMODORE CI SPCL PREM INS
FAR ROCKAWAY NY 11692
SPCL READ INSTR
BUILDING CLASS
CROSS STREETS NOT AVAILABLE NOT AVAILABLE
UMS VARIANCE CODE
NON UMS VARIANCE CODE

DEPT. BLDGS
FAR ROCKAWAY
NY 11692
SC100920537

ASGN TO 0000 STATUS A PEND/INITIATED REAS A NORMAL ISS DATE 04/25/08
CONTRACT 0000 BATCH 00000 PLACED BY KHAN PH #
WANTED BY DATE 01/24/09 TIME 0000 CREATED BY SLG DATE 04/24/08
CONTRACT ITEM CODES
SPCL INST PO-METER PERMIT SET NEW 2" SINGLE JET MTR, BL 16092/80, EPM,
RES, NEW BLDG# 402534968

POMTR - PO-METER PERMIT PERMIT NUMBER 502297
SVC SIZE 005 SVC SIZE DESC 2" TAP SIZE 006 TAP SIZE DESC 2"
FEE 35.00 NO DAYS USAGE 000 START/END DATE 00/00/00 00/00/00
APPLICATION DATE 00/00/00 EXPIRE DATE 00/00/00 START/END TIME 0000 0000
PLUMBER LICENSE NO 0000651 EXPIRE DATE 12/23/09 STATUS A ACTIVE-GOOD
NAME THOMAS S. D'AMBRA
ADDRESS 135-20 109 AVENUE SOUTH OZONE PARK, NY 11420

**DISPLACEMENT METERS
ARE NO LONGER APPROVED
FOR COMBINE SERVICES**

ADDITIONAL ORDER INFORMATION

METER PERMIT
NOTE: ALL METERS MUST BE REMOTE READY.

PERMIT ORDER STATUS
() G -- PERMIT COMPLETED
() P -- PERMIT CANCELED

NEW METER ATTRIBUTE AND NEW METER INSTALLATION INFORMATION FOR
METER NUMBER:
() NEW METER MANUFACTURER

**NOTE: REMOTE READY POLLS
ARE REQUIRED FOR ALL
NEW METER INSTALLATIONS**

**DEP-BCS
PERMIT
ACCEPTED**

DEP PERMIT QUEENS OFFICE
2008 MAY 21 P 3:58



Meter Tag

Meter Type:	Single Jet	% Accuracy (Registration)		
Units of Registration:	Cubic Feet	Full	Int.	Low
Model:	WF200-5FBU361W	99.39	98.83	99.00
Meter Size:	2"	Tester Number: 88		
Register S/N:	07001838	Bench Number: WM04		
Meter S/N:	07001838	Date of Test: 8/3/2007		
		Test Ticket Number: S148119H		

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ACCOUNT 4001027786001 NAME BENJAMIN BEECHWOOD LLC.

PHONE 000-000-0000

METER TESTED BY (INSPECTOR ID): -

I HERBY CERTIFY THAT ALL CONNECTIONS ARE PROPER AND THAT THE
PREMISES ARE METERED IN ACCORDANCE WITH THIS PERMIT.

DATE SET: 5/2/08

PLUMBER NAME:

PLUMBER ADDRESS:

Thomas X. Ambrose

135-20 409th ave.

S. Ozone Pk. N.Y. 11420

IF CALIBRATION WAS REQUIRED, WAS THE METER CALIBRATED IN PLACE?

() YES

() NO

COMPLETION DATE _____ WO STATUS _____

COMPLETED BY (ID) _____ WO STATUS REASON _____

COMPLETION TIME IN _____ COMPLETION TIME OUT _____

COMMENTS _____

