



Equipment Use Application/Permit

Please File 3 Copies
Application Must Be Typewrit



1 Filing Status

Job Number

2 Type of Equipment

Heating	Ventilation	☒ Air Conditioning	Refrigation
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3 Location

Borough QUEENS	Block 833	Lot(s) 12	BIN 4017049
House No.(s) 22-59	Street Name: 31ST STREET	Apt/Condo No(s) N/A	
Special Place Name N/A		Floor(s) 1 & ROOF	

4 Applicant

Last Name ANGBA	First Name AUGUSTINE	M.I. I
Business Name N/A	Business Phone (212) 343-8019	
Address 154 COLONIAL AVENUE (LL)	City FREEPORT	State NY Zip 11520
P.E. ☒ R.A. ☐ Other: ☐	Lic. No. 027562	

5 Equipment Specifications

Item - Manufacturer/Trade Name	Floor	No. of Items	MEA Number or Serial Number	Capacity: BTU's/CFM
CARRIER - AIR CONDITIONING UNIT MODEL # 48PGEC16-A-50	ROOF	ONE	MEA # 192-03-E	20 TONS
MITSUBISHI - AIR CONDITIONING UNIT MODEL # PU18EK	ROOF	ONE	MEA # 213-04-E	1.5 TONS
MITSUBISHI - AIR CONDITIONING UNIT MODEL # PK18EK	1 FL.	ONE	MEA # 213-04-E	1.5 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 AUGUSTINE ANGBA

Title ARCHITECT

Signature 

Date 12/12/07

Owner Name

Title

Signature

Date

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 12/12/07