



Equipment Use Application/Permit

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 Queens Block 16092 Lot(s) 124 BIN
House No.(s) 121 Street Name: Meridian Blvd Apt/Condo No(s).
Special Place Name Floor(s) 001, 003, OSP

4 Applicant

Last Name Tangel First Name Daniel M.I.
Business Name Tangel Engineering Associates, PC Business Phone (631) 750-2500
Address 285 Middle Country Road City Smithtown State NY Zip 11741
☒ 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
Gas Furnace-Goodman GMH950703BXAC	1	1	MEA #127-03-E	69,000 BTU'S
Gas Furnace-Goodman GMH950453BXAB	3	1	MEA #127-03-E	45,000 BTU'S
Condenser-Goodman CLT Series-35	OSP	1	MEA# 83-03-E	36,000 BTUs
Condenser-Goodman CLT Series-24	OSP	1	MEA# 83-03-E	24,000 BTUs
Gas Fired Hot Water Heater Heater- Bradford White	1 & 3	2	M2TW50T6BFN	67,000 BTU'S

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 Daniel Tangel

Title Professional Engineer

Signature

Date 4/15/09

Owner Name Gerry Ronski

Title Secretary

Signature

Date 4/24/09

Approvals

Examined and Recommended for Approval

Examiner Name

Signature

Date

Approved

Borough Commissioner 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