



## Equipment Use Application/Per

Please File 3 Copies  
Application Must Be Typewritten

|                 |           |            |
|-----------------|-----------|------------|
| DEPT. OF BLDGS. | 410119401 | Job Number |
| SC080127022     |           | Scan Code  |

### 1 Filing Status

Job Number

### 2 Type of Equipment

|         |             |                                                      |             |
|---------|-------------|------------------------------------------------------|-------------|
| Heating | Ventilation | <input checked="" type="checkbox"/> Air Conditioning | Refrigation |
|---------|-------------|------------------------------------------------------|-------------|

### 3 Location

|                    |                            |          |                  |
|--------------------|----------------------------|----------|------------------|
| Borough QUEENS     | Block 1153                 | Lot(s) 4 | BIN 4025881      |
| House No.(s) 51-21 | Street Name: NORTHERN BLVD |          | Apt/Condo No(s). |
| Special Place Name | Floor(s) ROOF              |          |                  |

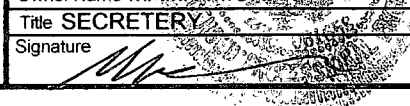
### 4 Applicant

|                                                   |                                |                                                |
|---------------------------------------------------|--------------------------------|------------------------------------------------|
| Last Name ACCOMANDO                               | First Name SALVATORE           | M.I. P.                                        |
| Business Name ENGINEERING SERVICES ASSOCIATES, PC | Business Phone ( 516 ) 5994255 |                                                |
| Address 81 N. FOREST AVENUE                       | City ROCKVILLE CENTRE          | State NY Zip 11570                             |
| <input checked="" type="checkbox"/> P.E.          | <input type="checkbox"/> R.A.  | <input type="checkbox"/> Other: Lic. No. 61658 |

### 5 Equipment Specifications

| Item - Manufacturer/Trade Name | Floor | No. of Items | MEA Number or Serial Number | Capacity: BTU's/CFM |
|--------------------------------|-------|--------------|-----------------------------|---------------------|
| RT-1 CARRIER 48HJE06           | ROOF  | 1            | 392-02-E                    | 60,000 BTU/2000CFM  |
|                                |       |              |                             |                     |
|                                |       |              |                             |                     |
|                                |       |              |                             |                     |

### 6 Statements and Signatures

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| <p>The owner certifies that he authorizes the applicant to perform the proposed work in accordance with plans and specifications approved under said application.</p> <p>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.</p> <p>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.</p> | Applicant Name SAVATORE ACCOMANDO, PE                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Title PE                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Signature  Date 6/04/08 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Owner Name MARK MISK                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Title SECRETARY                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 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 |

PROFESSIONAL

DEPARTMENT OF BUILDINGS  
STAMP NUMBER 3 OF 4

PW-4 Rev. 06/03