

ORDER Feb. 22. 2010 3:37PM ABLE ISLAND PLUMBING PAGE 1 OF 2
ACCOUNT 6001033491001 NAME DORA HOMES INC PHONE 000-000-0000
ADD NM BORO 5 BLK 6924 LOT 22 SEC 28 COMM BRD 503
ADDR 615 RAMONA AV SPCL PREM INS
STATEN ISLAND NY 10309
SPCL READ INSTR
BUILDING CLASS
CROSS STREETS FOSTER ROAD LENEVAR AVENUE
UMS VARIANCE CODE
NON UMS VARIANCE CODE

No. 4422 P. 1

ASGN TO 0000 STATUS A PEND/INITIATED REAS A NORMAL ISS DATE 10/06/09
CONTRACT 0000 BATCH 000000 PLACED BY THOMAS SARDANELLI PH #
WANTED BY DATE 07/05/10 TIME 0000 CREATED BY TC DATE 10/05/09
CONTRACT ITEM CODES
SPCL INST PO-METER PERMIT INSTALL 2" SINGLE-JET COMBINED SERVICE*DOMESTIC WITH
SPRINKLER TAKEOFF* N/B #510058063

POMTR - PO-METER PERMIT PERMIT NUMBER 554669
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 0001039 EXPIRE DATE 01/26/10 STATUS A ACTIVE-GOOD
NAME THOMAS SARDANELLI
ADDRESS 40 LASALLE ST STATEN ISLAND NY 10303



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
- () NEW METER SIZE
- () NEW METER TYPE
- () NEW METER LOCATION CODE
- () NEW METER SERIAL NUMBER
- () NEW METER READING 1
- () NEW METER READING 2 (FOR COMPOUND METER)
- () NEW REMOTE ID 1
- () NEW REMOTE ID 2 (FOR COMPOUND METER)
- () NEW REMOTE LOCATION CODE
- () LOW FLOW - IN-READ/ OUT READ
- () INTERFLOW - IN-READ/OUT READ
- () HIGH FLOW - IN-READ/OUT READ
- () CAPACITY (GALLONS, CUBIC FEET)
- () NUMBER OF READ DIALS-1
- () TOTAL NUMBER OF DIALS-1
- () NUMBER OF READ DIALS-2 (FOR COMPOUND METER)
- () TOTAL NUMBER OF DIALS-2 (FOR COMPOUND METER)
- () CONSTANT
- () MEASURES (CCF, GALLONS)
- () CAPABILITIES (PB-PRIMARY BYPASS OR MNL-MAINLINE)
- () SEAL NUMBER 1
- () SEAL NUMBER 2 (FOR COMPOUND METER)

METER TEST DATE

| | | |

DEPT - BREC - S.I.
09 OCT - 6 PM 1:13

METER TESTED BY (INSPECTOR ID): -

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

Thomas Sacchetti

DATE SET:
PLUMBER NAME:
PLUMBER ADDRESS:

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

() YES
() NO

COMPLETION DATE _____ NO STATUS _____
COMPLETED BY (ID) _____ NO STATUS REASON _____
COMPLETION TIME IN _____ COMPLETION TIME OUT _____

COMMENTS

