



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
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3 Location

Borough	Staten Island	Block	352	Lot(s)	32	BIN
House No(s)	1142	Street Name	Forest Avenue	Apt/Condo No(s)		
Special Place Name		Floor(s)	cel, 01, 02			

4 Applicant

Last Name	Victorio, R.A.	First Name	Ronald	M.I.	D
Business Name	Ronald D. Victorio R.A.	Business Phone	718-720-3478		
Address	694 Forest Avenue	City	Staten Island	State	NY ZIP 10310
P.E.	☒ R.A.	Other:		Lic. No.	17206

5 Equipment Specification

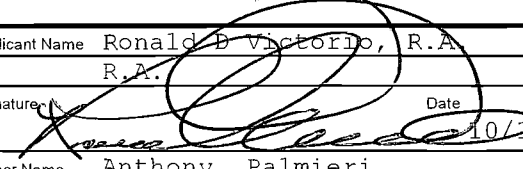
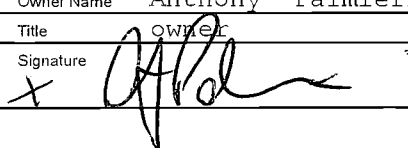
Item - Manufacturer/Trade Name	Floor	No. of Items	MEA Number or Serial Number	Capacity: BTU's/CFM
mfg. Coleman mdl# TG9S060B12	1st	1	UL# SA4383	60,000 heating
mfg Coleman mdl# TCJD36 split unit	og	1		36,000 cooling

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 fine or both.

Applicant Name	Ronald D Victorio, R.A.
Title	R.A.
Signature	
Date	10/18/2010
Owner Name	Anthony Palmieri
Title	owner
Signature	
Date	10/18/2010

Approvals

Examined and Recommended for Approval	Approved
Examiner Name	Borough Superintendent Signature
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