

Signature of Plan Examiner or Plumbing Supervisor

Please Print Name of Plan Examiner or Plumbing Supervisor

Number of Residential Units

House Number and Street 342 East 20th. Street

Borough	Manhattan	Store or Floor	Cellar
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Owner Naftali Rotenstreich Telephone Number (212) 924-3200

Address 342 East 20th. Street

Lessee or Occupant N. A. Telephone Number N. A.

Address N. A.

Installer ARCO Plumbing & heating Telephone Number (718) 336-0507

Address 15 Ocean Avenue, Brooklyn, N.Y.

Number of Boilers to be Installed 1 If Modular, Indicate Number 1

Boiler Manufacturer Penco **Model Number of Units** 16090HSD

BTU/HR. Input 299,000 Operating Gauge Pressure 15PSI

BTU/HR. Output 242,000 Pressure Setting of Relief Valves 30PSI

Boiler Type: Water Tube ☐ Fire Tube ☐ Fire Coil ☐ Cast Iron ☒

Fuel Used: Oil ☐ Gas ☒

MEA Approval Number 77-91-E

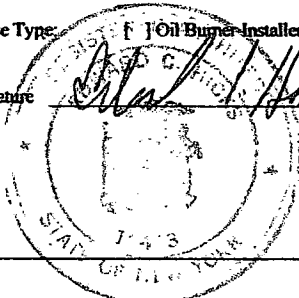
<i>Burner Manufacturer</i>	<i>Model Number</i>
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Notice is hereby made on behalf of the OWNER(s), LESSEE(s), or OCCUPANTS(s) of the proposed installation of steam or hot water boiler in accordance with Section 27-793 of the administrative Code. No boiler is to be put into operation until a certification is issued by a boiler inspector.

Applicant License Type: ☐ Oil Burner Installer ☐ Master Plumber ☒ Architect or Engineer

Applicant's Signature Edward C. Hicks Edward C. Hicks Date: 2 / 16 / 08
Please Print Name

Applicant's Seal:



Examined and Recommended For Approval on 11/11/11 by [Signature] Inspector

Signature

Boiler Number: _____ Inspector: _____

Please Print

OP-98 Notice/Results—Self-Certification of Plumbing, Sprinkler, Standpipe Inspection(s) & Test(s)

A copy of this completed notice must be retained for re-submission with results.

1 Permit No. 110016198		Document No. 02		Permit Type (check one only): ☒ PL ☐ SP ☐ SD ☐ ARA	
Borough Manhattan	Block 1290	Lot 44	House No 70	Street Name East 55th Street	

2 Permit Applicant E-Mail:		Business Phone (212) 989-1320		Fax No. (212) 633-2606	
Last Name Korbl	First Name Laszlo	M.I. B	Business Name Ashland Plumbing Corp.		
Address 242 West 20th Street		City NY	State NY	ZIP 10011	License No. 1537 ☒ LMP ☐ LFSC

3 Inspection Data		Inspection/test scheduled for: 05/06/08 (mmddyy)		Time: ☐ 8:00am ☐ 8:30 ☐ 9:00 ☐ 9:30 ☐ 10:00 ☐ 10:30 ☐ 11:00 ☐ 11:30 ☐ 12:30pm	
Apts/Floors: 18th Floor		☒ 1:00pm ☐ 1:30 ☐ 2:00 ☐ 2:30 ☐ 3:00		Meeting Location: In front of building	

4 Notice/Result (Select one: PL, SP, SD only)																	
Systems: Inspections						Systems: Inspections						Systems: Inspections					
Plumbing (PL)						Sprinkler (SP)						Standpipe (SD)					
Underground		Roughing		Finish		Underground		Roughing		Finish		Underground		Roughing		Finish	
Notice	Results	Notice	Results	Notice	Results	Notice	Results	Notice	Results	Notice	Results	Notice	Results	Notice	Results	Notice	Results
	Pass Fail		Pass Fail		Pass Fail		Pass Fail		Pass Fail		Pass Fail		Pass Fail		Pass Fail		Pass Fail
Sprinkler - PL						Sprinkler - SP						Fire Standpipe - SD					
☐						☐						☐					
Water/Sanitary - PL																	
☐																	
Storm - PL																	
☐																	
Gas - PL																	
☐																	
Medical Gas - PL																	
☐																	
Tests						Tests						Tests					
Notice		Results				Notice		Results				Notice		Results			
	Pass Fail		Pass Fail				Pass Fail		Pass Fail				Pass Fail		Pass Fail		
Hydrostatic - PL						Hydrostatic - SP						Hydrostatic - SD					
☐						☐						☐					
W						Pipe Valve						Fire Pump					
Pi						☐						☐					
W																	
G																	
DEPT.BLDGS 110016198 Job Number																	
SC080507401 Scan Code																	
Medical Gas																	
☐																	

Additional Information/Comments:			
☐ Submitted with minor variations, described here:			
☐ Legalization	☐ Gas to Gas Appliance Direct Replacement	☐ Removal/Cap	☐ Detention
		☐ Drywell/Retention	

5 Gas Meters/Risers Data (Check all applicable to this inspection. Include gas usages for each listed meter(s)/riser(s))				☐ Gas requested for listed meters and risers		
No. of Meters:	Location(s) (Floor/Apt. for this inspection):			No. of Risers:	Location(s) (Floor/Apt. for this inspection):	
Gas usage:	☐ Heat	☐ Boiler Pilot for oil burner	☐ Water Heater	☐ Dryer		
☐ Cooking	☐ Tankless Coil	☐ HVAC	☐ Fire Place	☐ Other (describe):		

6 Certifying Applicant E-Mail:		Business Phone (212) 989-1320		Fax No. (212) 633-2606	
Last Name Korbl	First Name Laszlo	M.I. B	Business Name Ashland Plumbing Corp.		
Address 242 West 20th Street		City New York	State NY	ZIP 10011	License No. 1537 ☒ LMP ☐ LFSC ☐ P.E. ☐ R.A.

7 Applicant Statements and Signatures		☒ All comments resolved, review for sign-off		☐ All required back-up documents attached	
I certify the statements herein are correct and comply with the NYC Building code. I meet the requirements of the NYC Building code as they relate to the experience requirements set forth for gas tests. I realize falsification of any statement is a misdemeanor under §26-124 of the Administrative Code punishable by a fine of imprisonment or both and may result in removal from participation in the self-certification program and/or disciplinary action by the Licensed Master Plumber or Licensed Fire Suppression Piping Contractor License Board.					
Print Name of Certifying Applicant		SEAL		Print Name of Permit Applicant or Alternative licensee from same firm (LMP/LFSC)	
Laszlo B. Korbl				Laszlo B. Korbl	
Signature		Signature		Signature	
Date 5/06/08		Date 5/06/08		Date 5/06/08	

Reviewed by:	Date:	Entered by: AG	R.S.O. by:	S/O by:
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Need cap or remove inspection