



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.

Document No. 01 Permit Type (check one only): ☒ PL ☐ SP ☐ SD ☐ ARA
House No 2039 Street Name 1 Avenue

2 Permit Applicant E-Mail: Business Phone (718) 397-8522 Fax No. (718) 641-4626
Last Name FERNANDEZ First Name ANTONIO M.I. Business Name FERNANDEZ HEATING & MECHANICAL
Address 40-26 75 STREET City QUEENS State NY ZIP 11373 License No. 1875 ☒ LMP ☐ LFSC

3 Inspection Data Inspection/test scheduled for: 12-29-08 (mmddyy) Time: ☐ 8:00am ☒ 8:30 ☐ 9:00 ☐ 9:30 ☐ 10:00 ☐ 10:30 ☐ 11:00 ☐ 11:30 ☐ 12:30pm
Apts/Floors: Cel. 1st ☐ 1:00pm ☐ 1:30 ☐ 2:00 ☐ 2:30 ☐ 3:00 Meeting Location: FORB

4 Notice/Result (Select one: PL, SP, SD only)																				
Systems: Inspections	Plumbing (PL)						Systems: Inspections	Sprinkler (SP)						Systems: Inspections	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		
Sprinkler - PL							Sprinkler - SP							Fire Standpipe - SD						
Water/Sanitary - PL																				
Storm - PL																				
Gas - PL																				
Medical Gas - PL																				
Tests	Notice	Results					Tests	Notice	Results					Tests	Notice	Results				
Hydrostatic - PL							Hydrostatic - SP							Hydrostatic - SD						
Water - Sanitary							Dry Pipe Valve							Fire Pump						
Pressure - Water							Booster Pump													
Water Storm																				
Gas																				
Medical Gas																				

Additional Information/Comments:
☐ Submitted with minor variations, described here:
☐ Legalization ☐ Gas to Gas Appliance Direct Replacement ☐ Remove/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 (718) 397-8522 Fax No. (718) 641-4626
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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 or 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 <u>ANTONIO FERNANDEZ</u>	SEAL	Print Name of Permit Applicant or Alternative licensee from same firm (LMP/LFSC) <u>ANTONIO FERNANDEZ</u>	SEAL
Signature <u>[Signature]</u>		Signature <u>[Signature]</u>	
Date <u>12-29-08</u>		Date <u>12-29-08</u>	

FOR DOB USE ONLY
Reviewed by: [Signature], Date: 1/13, Entered by: [Signature], R.S.O. by: [Signature], S/O by: [Signature]
Revised 12-01-2006 OP-98