



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.

SC080703624 Scan Code Document No. 04 Permit Type (check one only): ☒ PL ☐ SP ☐ SD ☐ ARA
Borough MANHATTAN Block 1867 Lot 9 House No 411 Street Name WEST 114TH STREET

2 Permit Applicant E-Mail: SMORETA@PARGROUP.COM Business Phone (212) 926-1088 Fax No. (212) 489-1232
Last Name LEVINE First Name LAWRENCE M.I. J Business Name PAR PLUMBING CO., INC
Address 101 PARK AVENUE-LL City NEW YORK State NY ZIP 10178 License No. 161 ☒ LMP ☐ LFSC

3 Inspection Data Inspection/test scheduled for: 8/18/08 (mm/dd/yy) Time: ☒ 8:00am ☐ 8:30 ☐ 9:00 ☐ 9:30 ☐ 10:00 ☐ 10:30 ☐ 11:00 ☐ 11:30 ☐ 12:30pm
Apts/Floors: 3RD FL ☐ 1:00pm ☐ 1:30 ☐ 2:00 ☐ 2:30 ☐ 3:00 Meeting Location: FRONT OF BLDNG

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							Tests							Tests						
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):

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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 LAWRENCE J. LEVINE	SEAL	Print Name of Permit Applicant or Alternative licensee from same firm (LMP/LFSC) LAWRENCE J. LEVINE	SEAL
Signature		Signature	
Date 8-18-08		Date 8-18-08	

FOR DOB USE ONLY
Reviewed by: *SL* Date: 8/20/08 Entered by: *kg* R.S.O. by: S/O by: