

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

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

|                               |                                                    |                                                                                                                                                           |
|-------------------------------|----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 Permit No. <b>110299980</b> | Document No. <b>01</b>                             | Permit Type (check one only): <input type="checkbox"/> PL <input checked="" type="checkbox"/> SP <input type="checkbox"/> SD <input type="checkbox"/> ARA |
| Borough <b>MAN</b>            | Block <b>2050</b> Lot <b>72</b> House No <b>40</b> | Street Name <b>HAMILTON TERRACE</b>                                                                                                                       |

|                             |                                                                       |                                  |
|-----------------------------|-----------------------------------------------------------------------|----------------------------------|
| 2 Permit Applicant E-Mail:  | Business Phone <b>(212) 281-1880</b>                                  | Fax No. <b>(212) 281-1881</b>    |
| Last Name <b>HARRIS, JR</b> | First Name <b>Joseph</b>                                              | M.I. <b>C</b>                    |
| Address <b>2477 7th Ave</b> | City <b>NEW YORK</b>                                                  | State <b>NY</b> ZIP <b>10030</b> |
| License No. <b>476</b>      | <input type="checkbox"/> LMP <input checked="" type="checkbox"/> LFSC |                                  |

|                              |                                                                                                                                                         |                                                                                                                                                                                                                                                                                                         |
|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3 Inspection Data            | Inspection/test scheduled for: <b>9/15/08</b> (mmddyy)                                                                                                  | Time: <input type="checkbox"/> 8:00am <input type="checkbox"/> 8:30 <input type="checkbox"/> 9:00 <input type="checkbox"/> 9:30 <input checked="" type="checkbox"/> 10:00 <input type="checkbox"/> 10:30 <input type="checkbox"/> 11:00 <input type="checkbox"/> 11:30 <input type="checkbox"/> 12:30pm |
| Apts/Floors: <b>C-13-1-3</b> | <input type="checkbox"/> 1:00pm <input type="checkbox"/> 1:30 <input type="checkbox"/> 2:00 <input type="checkbox"/> 2:30 <input type="checkbox"/> 3:00 | Meeting Location: <b>FOR</b>                                                                                                                                                                                                                                                                            |

| 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                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sprinkler - SP       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fire Standpipe - SD  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Water/Sanitary - PL                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Storm - PL                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Gas - PL                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Medical Gas - PL                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Tests                                         |                          |                          |                          |                          |                          | Tests                |                          |                          |                          |                          |                          | Tests                |                          |                          |                          |                          |                          |
| 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                |
| Hydrostatic - PL                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hydrostatic - SP     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hydrostatic - SD     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Water - Sanitary                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Dry Pipe Valve       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fire Pump            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pressure - Water                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Booster Pump         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Water Storm                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Gas                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Medical Gas                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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)) |                                               |                                                      |                                               | <input type="checkbox"/> 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:                                                                                                               | <input type="checkbox"/> Heat                 | <input type="checkbox"/> Boiler Pilot for oil burner | <input type="checkbox"/> Water Heater         | <input type="checkbox"/> Dryer                                      |
| <input type="checkbox"/> Cooking                                                                                         | <input type="checkbox"/> Tankless Coil        | <input type="checkbox"/> HVAC                        | <input type="checkbox"/> Fire Place           | <input type="checkbox"/> Other (describe):                          |

|                                |                                                                                                                                   |                                  |
|--------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| 6 Certifying Applicant E-Mail: | Business Phone <b>(212) 281-1880</b>                                                                                              | Fax No. <b>(212) 281-1881</b>    |
| Last Name <b>HARRIS, JR</b>    | First Name <b>Joseph</b>                                                                                                          | M.I. <b>C</b>                    |
| Address <b>2477 7th Ave</b>    | City <b>NEW YORK</b>                                                                                                              | State <b>NY</b> ZIP <b>10030</b> |
| License No. <b>476</b>         | <input type="checkbox"/> LMP <input checked="" type="checkbox"/> LFSC <input type="checkbox"/> P.E. <input type="checkbox"/> R.A. |                                  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |                                                                                                              |      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------------------------------------------------------------------------------------------|------|
| 7 Applicant Statements and Signatures <input checked="" type="checkbox"/> All Comments resolved, review for sign-off <input type="checkbox"/> 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<br><b>Joseph Harris, Jr</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SEAL | Print Name of Permit Applicant or Alternative licensee from same firm (LMP/LFSC)<br><b>Joseph Harris, Jr</b> | SEAL |
| Signature<br><i>[Signature]</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      | Signature<br><i>[Signature]</i>                                                                              |      |
| Date<br><b>9-15-08</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      | Date<br><b>9-15-08</b>                                                                                       |      |

|                                 |                   |                                |                               |                            |
|---------------------------------|-------------------|--------------------------------|-------------------------------|----------------------------|
| Reviewed by: <i>[Signature]</i> | Date: <b>9/15</b> | Entered by: <i>[Signature]</i> | R.S.O. by: <i>[Signature]</i> | S/O by: <i>[Signature]</i> |
|---------------------------------|-------------------|--------------------------------|-------------------------------|----------------------------|

FDNY (bba attach)

NYC DEPT. OF BUILDINGS  
INSPECTIONS DIVISION  
RECEIVED  
2008 SEP 17 PM 2:00