



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



1 Permit No. <u>110371482</u>		Document No. <u>01</u>		Permit Type (check one only): ☒ PL ☐ SP ☐ SD ☐ LAA			
Borough <u>Manhattan</u> Block <u>N35</u> Lot <u>89</u> House No <u>214</u>		Street Name <u>East 90th Street</u>					
2 Permit Applicant E-Mail:				Business Phone <u>(212) 274-0460</u>		Fax No. <u>(212) 274-0460</u>	
Last Name <u>Levine</u> First Name <u>Steve</u> M.I.		Business Name <u>A.D. Plumbing Corp</u>					
Address <u>62 Allen St</u> City <u>NY</u> State <u>NY</u> ZIP <u>10002</u> License No. <u>1083</u>		☒ LMP ☐ LFSC					
3 Inspection Data Inspection/test scheduled for: <u>5/3/10</u> (mmddyy) Time: ☐ 8:00am ☐ 8:30 ☒ 9:00 ☐ 9:30 ☐ 10:00 ☐ 10:30 ☐ 11:00 ☐ 11:30 ☐ 12:30pm							
Apts and Floors: <u>2nd Floor Apt 2w</u> ☐ 100pm ☐ 1:30 ☐ 2:00 ☐ 2:30 ☐ 3:00 Meeting Location: <u>FOB</u>							

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	Notice	Results						
Sprinkler - PL		Pass	Fail		Pass	Fail		Pass	Fail	Sprinkler - SP		Pass	Fail		Pass	Fail		Pass	Fail	Fire Standpipe - SD		Pass	Fail		Pass	Fail		Pass	Fail
Water/Sanitary - PL																													
Storm - PL																													
Gas - PL																													
Medical Gas - PL																													
Tests		Notice	Results							Tests		Notice	Results							Tests		Notice	Results						
Hydrostatic - PL		Pass	Fail							Hydrostatic - SP		Pass	Fail							Hydrostatic - SD		Pass	Fail						
Water - Sanitary										Dry Pipe Valve										Fire Pump									
Pressure - Water										Booster Pump																			
Water Storm																													
Gas																													
Medical Gas																													

Gas Tested at psi

☐ 3 psi ☐ 50 psi

☐ 90 psi ☐ 100 psi

HYC DEPT. OF BUILDINGS
INSPECTIONS DIVISION
RECEIVED

2010 MAY -5 AM 9:03

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 (212) 274-0480		Fax No. (212) 274-0460	
Last Name Levine		First Name Steve		M.I.	
Address 62 Allen St		City NY NY		State	
ZIP 10002		License No. 1093		☒ 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 §28-211.1 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 Steve Levine	SEAL	Print Name of Permit Applicant or Alternative licensee from same firm (LMP/LFSC)	SEAL
Signature 		Signature 	
Date 5-3-10		Date 5-3-10	

Reviewed by: , Date: 5/11/10, Entered by: , R.S.O. by: , S/O by: