



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. 110406597	Document No. 01	Permit Type (check one only): ☒ PL ☐ SP ☐ SD ☐ ARA
Borough Manhattan Block 2130 Lot 3 House No 1264	Street Name St. Nicholas Ave.	

2 Permit Applicant E-Mail:	Business Phone (212) 475-6510	Fax No. (212) 982-4342
Last Name Cohen	First Name Joel	M.I. A
Address 410 West 48th St.	City New York	State NY ZIP 10036 License No. 0202
		☒ LMP ☐ LFSC

3 Inspection Data	Inspection/test scheduled for: 2/9/09 (mmddyy)	Time: ☐ 8:00am ☒ 8:30 ☐ 9:00 ☐ 9:30 ☐ 10:00 ☐ 10:30 ☐ 11:00 ☐ 11:30 ☐ 12:30pm
Apts/Floors: 1		☐ 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		Notice		Results		Tests		Notice		Results		Tests		Notice		Results	
	Pass Fail		Pass Fail		Pass Fail		Pass Fail		Pass Fail		Pass Fail		Pass Fail		Pass Fail		Pass Fail
Hydrostatic - PL	☐	☐	☐	☐	☐	Hydrostatic - SP	☐	☐	☐	☐	☐	Hydrostatic - SD	☐	☐	☐	☐	☐
Water - Sanitary	☐	☐	☐	☐	☐	Dry Pipe Valve	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐
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 (212) 475-6510	Fax No. (212) 982-4342
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Address 410 West 48th St.	City New York	State NY ZIP 10036 License No. 0202
		☒ 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 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	SEAL	Print Name of Permit Applicant or Alternative licensee from same firm (LMP/LFSC)	SEAL
Joel A. Cohen		Joel A. Cohen	
Signature		Signature	
Date	3/17/09	Date	3/17/09

Reviewed by: <u>RL</u>	Date: <u>3-18-09</u>	Entered by: <u>RL</u>	R.S.O. by: <u>RL</u>	S/O by: <u>RL</u>
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