



Buildings

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. 120-120-127		Document No. 01		Permit Type (check one only): ☒ PL ☐ SP ☐ SD ☐ LAA	
Borough MANHATTAN		Block 1351	Lot 22	House No 351	
Street Name EAST 58 STREET					
2 Permit Applicant E-Mail: _____ Business Phone (718) 380-7008 Fax No. (718) 380-8699					
Last Name MOSSA		First Name VITO		M.I. _____ Business Name AMERICAN NATIONAL PLG & HTG INC.	
Address 180-08 UNION TURNPI		City FRESH MEADOWS	State NY	ZIP 11366	License No. 1874 ☒ LMP ☐ LFSC
3 Inspection Data Inspection/test scheduled for: <u>9/9/09</u> (mmddyy) Time: ☒ 8:00am ☐ 8:30 ☐ 9:00 ☐ 9:30 ☐ 10:00 ☐ 10:30 ☐ 11:00 ☐ 11:30 ☐ 12:30pm					
Apts and Floors: 3rd FLOOR ☐ 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				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											
				Pass Fail Pass Fail Pass Fail								Pass Fail Pass Fail Pass Fail								Pass Fail Pass Fail Pass Fail											
Sprinkler - PL				☐				☐				☐				☐				☐											
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											
Hydrostatic - PL				☐				☐				Hydrostatic - SP				☐				☐				Hydrostatic - SD				☐			
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																											

Additional Information/Comments: PLEASE PROCESS FOR SIGN OFF.

☐ 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) 380-7008 Fax No. (718) 380-8699

Last Name **MOSSA** First Name **VITO** M.I. _____ Business Name **AMERICAN NATIONAL PLG & HTG INC.**

Address **180-08 UNION TURPI** City **FRESH MEADOWS** State **N** ZIP **11366** License No. **1874** ☒ 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 VITO MOSSA		SEAL		Print Name of Permit Applicant or Alternative licensee from same firm (LMP/LFSC) VITO MOSSA		SEAL	
Signature <i>Vito Mossa</i>				Signature <i>Vito Mossa</i>			
Date 09-10-2009				Date 09-10-2009			

FOR DOB USE ONLY

Reviewed by: **AG**, Date: **9/21**, Entered by: **leg**, R.S.O. by: **[Signature]**, S/O by: **[Signature]**