



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. 120453160	Document No. 01	Permit Type (check one only): ☒ PL ☐ SP ☐ SD ☐ LAA
Borough Mahattan	Block 519 Lot 23 House No 32	Street Name KING STREET
2 Permit Applicant E-Mail: RICHMONDPLUMBING@AOL.COM		Business Phone (718) 273-7970 Fax No. (718) 981-2909
Last Name O'DONNELL	First Name JAMES	M.I. M Business Name RICHOMOND PLUMBING & HEATING & INC
Address 318 CLOVE ROAD City STATEN ISLAND State NY ZIP 10310		License No. 968 ☒ LMP ☐ LFSC
3 Inspection Data Inspection/test scheduled for: 10/4/11 (mmddyy) Time: ☐ 8:00am ☐ 8:30 ☐ 9:00 ☐ 9:30 ☐ 10:00 ☐ 10:30 ☐ 11:00 ☐ 11:30 ☐ 12:30pm		
Apts and Floors: CELLAR, BASEMENT ☒ 100pm ☐ 1:30 ☐ 2:00 ☐ 2:30 ☐ 3:00 Meeting Location: FRONT DOOR		

4 Notice/Result (Select one: PL, SP, SD only)																							
Systems: Plumbing (PL)						Systems: Sprinkler (SP)						Systems: Standpipe (SD)											
Inspections		Underground		Roughing		Finish		Inspections		Underground		Roughing		Finish		Inspections		Underground		Roughing		Finish	
Notice	Results	Notice	Results	Notice	Results	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		Pass Fail		Pass Fail		Pass Fail
Sprinkler - PL	☐	☐	☐	☐	☐	☐	☐	Sprinkler - SP	☐	☐	☐	☐	☐	☐	☐	Fire Standpipe - SD	☐	☐	☐	☐	☐	☐	☐
Water/Sanitary - PL	☒	☐	☒	☒	☒	☐	☐		☐	☐	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	☐	☐
Storm - PL	☐	☐	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	☐	☐
Gas - PL	☐	☐	☒	☒	☐	☐	☐		☐	☐	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	☐	☐
Medical Gas - PL	☐	☐	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	☐	☐
Tests						Tests						Tests											
	Notice	Results							Notice	Results							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: No underground errors - verified by inspector spot check	
☐ 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: 1 Location(s) (Floor/Apt.): CELLAR	No. of Risers: 1 Location(s) (Floor/Apt.): CELLAR BASEMENT	☐ Welded Gas Piping
Gas usage: ☐ Heat ☐ Boiler Pilot for oil burner ☐ Water Heater ☒ Dryer	☐ Cooking ☐ Tankless Coil ☐ HVAC ☐ Fire Place ☐ Other (describe):	
6 Certifying Applicant E-Mail: RICHMONDPLUMBING@AOL.COM		Business Phone (718) 273-7970 Fax No. (718) 981-2909
Last Name O'DONNELL	First Name JAMES	M.I. M Business Name RICHMOND PLUMBING & HEATING & INC
Address 318 CLOVE ROAD City STATEN ISLAND State NY ZIP 10310		License No. 968 ☒ 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 James O'Donnell	SEAL
Signature Date 10-04-2011	Print Name of Permit Applicant or Alternative licensee from same firm (LMP/LFSC) James O'Donnell Signature Date 10-04-2011

FOR DOB USE ONLY	Reviewed by: [Signature]	Date: 10/4/11	Entered by: [Signature]	R.S.O. by: [Signature]	S/O by: [Signature]
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