



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



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
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

Hydrostatic 63/09

☐ 75 Ft ☐ 100 Ft

2017 OCT -5 AM 10:58

RECEIVED

INSPECTIONS DIVISION

NYC DEPT. OF BUILDINGS

Additional Information/Comments:

GAS TEST ALREADY COMPLETE / ONLY GAS AUTHORIZED

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: <u>1</u> Location(s) (Floor/Apt.): <u>cellar</u>		No. of Risers: <u>1</u> Location(s) (Floor/Apt.): <u>cellar</u>		☐ Welded Gas Piping	
Gas usage: ☒ Heat		☐ Boiler Pilot for oil burner		☐ Water Heater	
☐ Cooking		☐ Tankless Coil		☐ Dryer	
		☐ HVAC		☐ Fire Place	
				☐ Other (describe):	

6 Certifying Applicant E-Mail: haymech@gmail.com		Business Phone (718) 366 2137		Fax No. (718) 3662137	
Last Name Hay		First Name Christopher		M.I. C Business Name HAY MECHANICAL SOLUTION CORP	
Address 59-12 54th street		City Maspeth		State NY ZIP 11378 License No.  ☒ 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 CHRISTOPHER HAY	SEAL	Print Name of Permit Applicant or Alternative licensee from same firm (LMP/LFSC) CHRISTOPHER HAY	SEAL
Signature <i>Ch Hay</i>		Signature <i>Ch Hay</i>	
Date 10/4/12		Date 10/4/12	

Reviewed by: ME, Date: 10/10/12 Entered by: 0, R.S.O. by: _____, S/O by: _____