



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. 121562488		Document No. 01		Permit Type (check one only): ☒ PL ☐ SP ☐ SD ☐ LAA	
Borough MANHATTAN		Block 1319	Lot 2	House No 723	
Street Name 3RD AVENUE					
2 Permit Applicant E-Mail: psimechanical@hotmail.com		Business Phone (718) 699-8005		Fax No. (718) 699-8007	
Last Name SANGIRAY		First Name AHMET		M.I. T	
Business Name P.S.I. MECHANICAL					
Address 47-04 108TH STREET		City CORONA		State NY ZIP 11368	
License No. 1790		☒ LMP		☐ LFSC	
3 Inspection Data Inspection/test scheduled for: 04/29/13 (mmddyy) Time: ☐ 8:00am ☐ 8:30 ☐ 9:00 ☐ 9:30 ☐ 10:00 ☐ 10:30 ☐ 11:00 ☐ 11:30 ☐ 12:30pm					
Apts and Floors: CEL, 001 ☐ 100pm ☐ 1:30 ☐ 2:00 ☐ 2:30 ☒ 3:00 Meeting Location: IN FRONT OF PREMISES					

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	
		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		Notice Results		Notice Results		Tests		Notice Results		Notice Results		Notice Results		Tests		Notice Results		Notice Results		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		☐ ☐		☐ ☐		☐ ☐		Fire Pump		☐ ☐		☐ ☐		☐ ☐	
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: 1 Location(s) (Floor/Apt.): CELLAR No. of Risers: 1 Location(s) (Floor/Apt.): CELLAR TO 1ST FLOOR ☐ 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: psimechanical@hotmail.com Business Phone (718) 699-8005 Fax No. (718) 699-8007																	
Last Name SANGIRAY First Name AHMET M.I. T Business Name P.S.I. MECHANICAL																	
Address 47-04 108TH STREET City CORONA State NY ZIP 11368 License No. 1790 ☒ 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 or License Board.			
Print Name of Certifying Applicant AHMET T. SANGIRAY		Print Name of Permit Applicant or Alternative licensee from same firm (LMP/LFSC) AHMET T. SANGIRAY	
Signature		Signature	
Date 04-29-2013		Date 04-29-2013	

Reviewed by:	Date: 5/1/13	Entered by:	R.S.O. by:	S/O by:
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