

## Buildings

## OP-98 Notice/Results—Self-Certification of Plumbing, Sprinkler, Standpipe Inspection(s) &amp; Test(s)

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



|                                                                                                                                                                                                                                                                                                                                                                            |  |                                        |  |                                                                                                                                                           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1 Permit No. 121636925                                                                                                                                                                                                                                                                                                                                                     |  | Document No. 01                        |  | Permit Type (check one only): <input checked="" type="checkbox"/> PL <input type="checkbox"/> SP <input type="checkbox"/> SD <input type="checkbox"/> LAA |  |
| Borough MANHATTAN Block 550 Lot 27 House No 12                                                                                                                                                                                                                                                                                                                             |  | Street Name EAST 8TH STREET            |  |                                                                                                                                                           |  |
| 2 Permit Applicant E-Mail: vvacirca@eastcoastpetro.com                                                                                                                                                                                                                                                                                                                     |  | Business Phone (718) 402-5107          |  | Fax No. (718) 402-4339                                                                                                                                    |  |
| Last Name VACIRCA First Name VITO M.I.                                                                                                                                                                                                                                                                                                                                     |  | Business Name EASTCOAST MECHANICAL LLC |  |                                                                                                                                                           |  |
| Address 340 JACKSON AVE City Bronx                                                                                                                                                                                                                                                                                                                                         |  | State NY ZIP 10454                     |  | License No. 846 <input checked="" type="checkbox"/> LMP <input type="checkbox"/> LFSC                                                                     |  |
| 3 Inspection Data Inspection/test scheduled for: 12/10/13 (mmddyy) Time: <input type="checkbox"/> 8:00am <input type="checkbox"/> 8:30 <input type="checkbox"/> 9:00 <input type="checkbox"/> 9:30 <input type="checkbox"/> 10:00 <input type="checkbox"/> 10:30 <input checked="" type="checkbox"/> 11:00 <input type="checkbox"/> 11:30 <input type="checkbox"/> 12:30pm |  |                                        |  |                                                                                                                                                           |  |
| Apts and Floors: CELLAR <input type="checkbox"/> 100pm <input type="checkbox"/> 1:30 <input type="checkbox"/> 2:00 <input type="checkbox"/> 2:30 <input type="checkbox"/> 3:00 Meeting Location: IN FRONT OF BLDG                                                                                                                                                          |  |                                        |  |                                                                                                                                                           |  |

| 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                |                          | Pass Fail                |
| Sprinkler - PL                                | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>                                                  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | Sprinkler - SP           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fire Standpipe - SD      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Water/Sanitary - PL                           | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>                                                  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Storm - PL                                    | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>                                                  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Gas - PL                                      | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/>                                       | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Alarm Sys 64/09          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Medical Gas - PL                              | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>                                                  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Tests                                         | Notice                              | Results                             |                                                                           |                                     |                                     |                                     | Tests                               | Notice                   | Results                  |                          |                          |                          |                          | Tests                    | Notice                   | Results                  |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|                                               |                                     | Pass Fail                           |                                                                           |                                     |                                     |                                     |                                     |                          | Pass Fail                |                          |                          |                          |                          |                          |                          | Pass Fail                |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Hydrostatic - PL                              | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>                                                  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | Hydrostatic - SP                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hydrostatic - SD         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| Water - Sanitary                              | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>                                                  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | Dry Pipe Valve                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fire Pump                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| Pressure - Water                              | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>                                                  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | Booster Pump                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| Water Storm                                   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>                                                  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| Gas                                           | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Gas Tested at psi                                                         |                                     |                                     |                                     |                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| Medical Gas                                   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> 3 psi <input type="checkbox"/> 50 psi |                                     |                                     |                                     |                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |
|                                               |                                     |                                     | <input type="checkbox"/> 90 psi <input type="checkbox"/> 100 psi          |                                     |                                     |                                     |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |

|                                                                                 |                                                                  |                                            |                                    |
|---------------------------------------------------------------------------------|------------------------------------------------------------------|--------------------------------------------|------------------------------------|
| Additional Information/Comments: INSTALLATION OF A NEW GAS METER AND GAS PIPING |                                                                  | BO-12 IS ATTACHED                          |                                    |
| <input type="checkbox"/> Submitted with minor variations, described here:       |                                                                  |                                            |                                    |
| <input type="checkbox"/> Legalization                                           | <input type="checkbox"/> Gas to Gas Appliance Direct Replacement | <input type="checkbox"/> Remove/Cap        | <input type="checkbox"/> Detention |
|                                                                                 |                                                                  | <input type="checkbox"/> Drywell/Retention |                                    |

|                                                                                                                          |                                  |                                                      |                                       |                                                                                |                                            |
|--------------------------------------------------------------------------------------------------------------------------|----------------------------------|------------------------------------------------------|---------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------|
| 5 Gas Meters/Risers Data (Check all applicable to this inspection. Include gas usages for each listed meter(s)/riser(s)) |                                  |                                                      |                                       | <input checked="" type="checkbox"/> 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                                               |                                            |
| Gas usage: <input checked="" type="checkbox"/> Heat                                                                      |                                  | <input type="checkbox"/> Boiler Pilot for oil burner | <input type="checkbox"/> Water Heater |                                                                                | <input type="checkbox"/> Dryer             |
| <input type="checkbox"/> Cooking                                                                                         |                                  | <input type="checkbox"/> Tankless Coil               | <input type="checkbox"/> Fire Place   |                                                                                | <input type="checkbox"/> Other (describe): |
|                                                                                                                          |                                  | <input type="checkbox"/> HVAC                        |                                       |                                                                                |                                            |

|                                                            |  |                               |  |                                                                                                                                                   |  |
|------------------------------------------------------------|--|-------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 6 Certifying Applicant E-Mail: vvacirca@eastcoastpetro.com |  | Business Phone (718) 402-5107 |  | Fax No. (718) 402-4339                                                                                                                            |  |
| Last Name VACIRCA First Name VITO                          |  | M.I.                          |  | Business Name EASTCOAST MECHANICAL LLC                                                                                                            |  |
| Address 340 JACKSON AVE City BRONX                         |  | State NY ZIP 10454            |  | License No. 846 <input checked="" type="checkbox"/> LMP <input type="checkbox"/> LFSC <input type="checkbox"/> P.E. <input type="checkbox"/> R.A. |  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                               |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------|--|
| 7 Applicant Statements and Signatures <input checked="" type="checkbox"/> All Comments resolved, review for sign-off <input checked="" type="checkbox"/> 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<br>VITO VACIRCA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | SEAL                          |  |
| Signature <i>Vito Vacirca</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | Signature <i>Vito Vacirca</i> |  |
| Date<br>12-11-2013                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Date<br>12-11-2013            |  |

|                                 |                       |                       |                               |                            |
|---------------------------------|-----------------------|-----------------------|-------------------------------|----------------------------|
| Reviewed by: <i>[Signature]</i> | Date: <i>12/11/13</i> | Entered by: <i>Kg</i> | R.S.O. by: <i>[Signature]</i> | S/O by: <i>[Signature]</i> |
|---------------------------------|-----------------------|-----------------------|-------------------------------|----------------------------|

ORIGINAL

Must filing to show the heat & equipment