



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.



DEPT.BLDGS. 121771788 Job Number



SC143046999 Scan Code

1 Permit No. 121771788		Document No. 01		Permit Type (check one only): ☒ PL ☐ SP ☐ SD ☐ LAA	
Borough Manhattan		Block 2011	Lot 31	House No 645	
Street Name Lenox Avenue					
2 Permit Applicant E-Mail: luverplumbing@yahoo.com		Business Phone (212) 663-8993		Fax No. (212) 666-4772	
Last Name Verges		First Name Luis		M.I.A. 	
Address 3163 Broadway		City New York		State NY ZIP 10027 License No. 1347	
				☒ LMP ☐ LFSC	
3 Inspection Data Inspection/test scheduled for: 10/30/13 (mmddyy) Time: ☐ 8:00am ☐ 8:30 ☐ 9:00 ☐ 9:30 ☒ 10:00 ☐ 10:30 ☐ 11:00 ☐ 11:30 ☐ 12:30pm					
Apts and Floors: Cellar, First Floor ☐ 100pm ☐ 1:30 ☐ 2:00 ☐ 2:30 ☐ 3:00 Meeting Location: In Front of Building					

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	
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							
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												Hydrostatic 63/09 ☐ 100 Ft											

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: Location(s) (Floor/Apt.): No. of Risers: Location(s) (Floor/Apt.): ☐ 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: **luverplumbing@yahoo.com** Business Phone **(212) 663-8993** Fax No. **(212) 666-4772**

Last Name **Verges** First Name **Luis** M.I.A. Business Name **Luver Plumbing and Heating Inc.**

Address **3163 Broadway** City **New York** State **NY** ZIP **10027** License No. **1347** ☒ 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 Luis A. Verges	SEAL	Print Name of Permit Applicant or Alternative licensee from same firm (LMP/LFSC) Luis A. Verges	SEAL
Signature <i>Luis A Verges</i>		Signature <i>Luis A Verges</i>	
Date 10-31-2013		Date 10-31-2013	

FOR DOB USE ONLY

Reviewed by **B.K.** Date **11/1** Entered by **[Signature]** R.S.O. by **[Signature]** S.O. by **[Signature]**