



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 Job No. 122020080



Scan Code ESHS0308605

1 Permit No. <u>122020080</u> Document No. <u>01</u>		Permit Type (check one only): ☒ PL ☐ SP ☐ SD ☐ LAA	
Borough <u>Manhattan</u> Block <u>561</u> Lot <u>7501</u> House No <u>63</u>		Street Name <u>East 9 Street</u>	
2 Permit Applicant E-Mail:		Business Phone (212) 206-6745 Fax No. (718) 641-4626	
Last Name <u>FORTE</u> First Name <u>ROBERT</u> M.I.		Business Name <u>FORTE EXPRESS P & H INC</u>	
Address <u>153 West 27 St 10 Fl</u> City <u>New York</u> State <u>NY</u> ZIP <u>10001</u> License No. <u>1380</u>		☒ LMP ☐ LFSC	
3 Inspection Data Inspection/test scheduled for: <u>12/8/14</u> (mmddyy) Time: ☐ 8:00am ☐ 8:30 ☒ 9:00 ☐ 9:30 ☐ 10:00 ☐ 10:30 ☐ 11:00 ☐ 11:30 ☐ 12:30pm			
Apts and Floors: <u>6th Fl</u> ☐ 1:00pm ☐ 1:30 ☐ 2:00 ☐ 2:30 ☐ 3:00 Meeting Location: <u>FOB</u>			

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	
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				Notice		Results				
		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	☐	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	☐	☐	
Gas Tested at psi																								
☐ 3 psi ☐ 50 psi																								
☐ 90 psi ☐ 100 psi																								
												Hydrostatic 63/09 ☐ 75 Ft ☐ 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: Business Phone (212) 206-6745 Fax No. (718) 641-4626

Last Name FORTE First Name ROBERT M.I. Business Name FORTE EXPRESS P & H INC

Address 153 West 27 St 10 Fl City New York State NY ZIP 10001 License No. 1380 ☒ 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 ROBERT FORTE	SEAL	Print Name of Permit Applicant or Alternative licensee from same firm (LMP/LFSC) ROBERT FORTE	SEAL
Signature		Signature	
Date <u>12-8-14</u>		Date <u>12-8-14</u>	

Reviewed by: [Signature], Date: 12/11, Entered by: [Signature], R.S.O. by: [Signature], S/O by: [Signature]