



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. 122062356		Document No. 01		Permit Type (check one only): ☒ PL ☐ SP ☐ SD ☐ LAA	
Borough MANHATTAN Block 1583 Lot 9 House No 519		Street Name EAST 86TH STREET			
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 PSI MECHANICAL			
Address 47-04 108TH STREET City CORONA State NY ZIP 11368		License No. 1790 ☒ LMP ☐ LFSC			
3 Inspection Data Inspection/test scheduled for: 09/04/14 (mmddyy) Time: ☐ 8:00am ☐ 8:30 ☐ 9:00 ☐ 9:30 ☐ 10:00 ☐ 10:30 ☒ 11:00 ☐ 11:30 ☐ 12:30pm					
Apts and Floors: 003/3A 3B ☐ 1:00pm ☐ 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	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	☐	☐	☐	☐	☐	☐	☐	Sprinkler - SP	☐	☐	☐	☐	☐	Fire Standpipe - SD	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Water/Sanitary - PL	☐	☐	☒	☒	☐	☐	☐		☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Storm - PL	☐	☐	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Gas - PL	☐	☐	☒	☒	☐	☐	☐		☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Medical Gas - PL	☐	☐	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Tests							Tests							Tests											
	Notice	Results							Notice	Results							Notice	Results							
		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: **COMMON RISER: GAS TEST FROM LOCKABLE VALVE TO COOKING EQUIPMENT IN APT 3A 3B**

☐ Submitted with minor variations, described here: **ON 003 FL**

☐ 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.): **CEL** No. of Risers: **1** Location(s) (Floor/Apt.): **CEL THRU 3RD FL** ☒ 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 **PSI 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 License Board.

Print Name of Certifying Applicant AHMET T. SANGIRAY	SEAL	Print Name of Permit Applicant or Alternative licensee from same firm (LMP/LFSC) AHMET T. SANGIRAY	SEAL
Signature		Signature	
Date 09-04-2014		Date 09-04-2014	

Reviewed by: Date: **9/16** Entered by: R.S.O. by: S/O by: