



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. <u>122 072 620</u> Document No. <u>02</u>		Permit Type (check one only): ☒ PL ☐ SP ☐ SD ☐ LAA	
Borough <u>Manhattan</u> Block <u>2123</u> Lot <u>48</u> House No <u>19</u>		Street Name <u>Audubon Avenue</u>	
2 Permit Applicant E-Mail:		Business Phone <u>(212) 673-6700</u> Fax No. <u>(718) 576-1189</u>	
Last Name <u>Teich</u> First Name <u>Mark</u> M.I. <u>D</u>		Business Name <u>M & T Plumbing & Heating, Co., Inc.</u>	
Address <u>120 East 13th Street</u> City <u>New York</u> State <u>NY</u> ZIP <u>10003</u>		License No. <u>661</u> ☒ LMP ☐ LFSC	
3 Inspection Data Inspection/test scheduled for: <u>12/01/14</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>Basement</u> ☐ 1:00pm ☐ 1:30 ☐ 2:00 ☐ 2:30 ☐ 3:00 Meeting Location: <u>In Front Of Building</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	
Sprinkler - PL									Sprinkler - SP								Fire Standpipe - SD						
Water/Sanitary - PL	☒	☒																					
Storm - PL																							
Gas - PL																							
Medical Gas - PL																	Alarm Sys 64/09						
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																							

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) 673-6700 Fax No. (718) 576-1189

Last Name Teich First Name Mark M.I. D Business Name M & T Plumbing & Heating, Co., Inc.

Address 120 East 13th Street City New York State N ZIP 10003 License No. 661 ☒ 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 <u>Mark D. Teich</u>	SEAL	Print Name of Permit Applicant or Alternative licensee from same firm (LMP/LFSC) <u>Mark D. Teich</u>	SEAL
Signature		Signature	
Date <u>12-1-14</u>		Date <u>12-1-14</u>	

Reviewed by: B.K. Date: 12.1.14 Entered by: [Signature] R.S.O. by: [Signature] S/O by: [Signature]