



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. 140323102



Scan Code ESHS0165652

1 Permit No. 140-323-102		Document No. 01		Permit Type (check one only) ☒ PL ☐ SP ☐ SD ☐ LAA	
Borough Manhattan		Block 1247		House No 371	
2 Permit Applicant E-Mail: ROMICKA@AOL.COM		Business Phone (718) 443-3245		Fax No (718) 693-5901	
Last Name ADAMS		First Name ROMICK		M.I. K	
Address 199 MALCOLM X BOU		City BROOKLYN		State NY	
ZIP 11221		License No. 2193		☒ LMP ☐ LFSC	
3 Inspection Data Inspection/test scheduled for: 6/22/15 (mmddyy) Time: ☒ 8:00am ☐ 8:30 ☐ 9:00 ☐ 9:30 ☐ 10:00 ☐ 10:30 ☐ 11:00 ☐ 11:30 ☐ 12:30pm					
Apts and Floors: 6th flr 5th flr / Apr 55 ☐ 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	Notice	Results	Notice	Results	
Sprinkler - PL	☐	☐	☐	☐	☐	☐	☐	Sprinkler - SP	☐	☐	☐	☐	☐	☐	☐	Fire Standpipe - SD	☐	☐	☐	☐	☐	☐	☐	☐
Water/Sanitary - PL	☐	☐	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	☐	☐	☐
Storm - PL	☐	☐	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	☐	☐	☐
Gas - PL	☐	☐	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	☐	☐	☐
Medical Gas - PL	☐	☐	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	☐	☐	☐
Tests Notice Results						Tests Notice Results						Tests Notice Results												
Pass		Fail		Pass		Fail		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	☐	☐	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	☐	☐	☐

Additional Information/Comments *Plumbing system was tested and found to be in good condition. No gas tested at psi.*

☐ 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.): 1/1/14 No. of Risers / Location(s) (Floor/Apt.): 1/1/14 ☐ 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 (718) 443-3245 Fax No (718) 693-5901

Last Name ADAMS First Name ROMICK M.I. K Business Name RKA PIPING AND HEATING

Address 199 MALCOLM X BLV City BROOKLYN State NY ZIP 11221 License No 2193 ☒ 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 statements 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 ROMICK K. ADAMS		SEAL		Print Name of Permit Applicant or Alternative licensee from same firm (LMP/LFSC) ROMICK K. ADAMS		SEAL	
Signature <i>Romick Adams</i>				Signature <i>Romick Adams</i>			
Date 6/23/15				Date 6/23/15			

Reviewed by: *[Signature]* **Date:** 6/23/15 **Entered by:** *[Signature]* **R.S.O. by:** *[Signature]* **S/O by:** *[Signature]*

Need gas test from meter location to equipment location.