



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. 210054082		Document No. 01		Permit Type (check one only): ☒ PL ☐ SP ☐ SD ☐ ARA	
Borough Bx.	Block 3271	Lot 191	House No 5824	Street Name Broadway	

2 Permit Applicant E-Mail:		Business Phone (718) 733-3371		Fax No. (718) 733-3372	
Last Name Ortiz jr.	First Name Eddie	M.I.	Business Name All Phase Plbg & Htg Inc.		
Address 2114 Arthur Ave		City Bx.	State NY.	ZIP 10457	License No. 1065 ☒ LMP ☐ LFSC

3 Inspection Data	Inspection/test scheduled for: 7 / 7 / 08 (mmddyy)	Time: ☐ 8:00am ☒ 8:30 ☐ 9:00 ☐ 9:30 ☐ 10:00 ☐ 10:30 ☐ 11:00 ☐ 11:30 ☐ 12:30pm
Apts/Floors: 1 floor		☐ 1:00pm ☐ 1:30 ☐ 2:00 ☐ 2:30 ☐ 3:00 Meeting Location: Front of Bldg.

4 Notice/Result (Select one: PL, SP, SD only)																				
Systems: Inspections	Plumbing (PL)						Systems: Inspections	Sprinkler (SP)						Systems: Inspections	Standpipe (SD)					
	Underground		Roughing		Finish			Underground		Roughing		Finish			Underground		Roughing		Finish	
	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								
☐ Pass ☐ Fail						☐ Pass ☐ Fail						☐ Pass ☐ Fail								
Hydrostatic - PL	☐	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	Hydrostatic - SD	☐	☐	☐	☐	☐	☐	
Water - Sanitary	☐	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	Fire Pump	☐	☐	☐	☐	☐	☐	
Pressure - Water	☐	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	☐	
Water Storm	☐	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	☐	
Gas	☐	☒	☐	☐	☐	☐		☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	☐	
Medical Gas	☐	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	☐	

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: 1	Location(s) (Floor/Apt. for this inspection): CELLAR-EXIST	No. of Risers: 1	Location(s) (Floor/Apt. for this inspection): CELLAR TO FIRST
Gas usage:	☐ Heat	☐ Boiler Pilot for oil burner	☐ Water Heater
☐ Cooking	☐ Tankless Coil	☒ HVAC	☐ Fire Place
			☐ Other (describe):

6 Certifying Applicant E-Mail:		Business Phone (718) 733-3371		Fax No. (718) 733-3372	
Last Name Ortiz jr.	First Name Eddie	M.I.	Business Name All Phase Plbg & Htg Inc.		
Address 2114 Arthur Ave		City Bx.	State NY	ZIP 10457	License No. 1065 ☒ 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 §26-124 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		SEAL	
Eddie Ortiz Jr.			
Signature		Signature	
Date 7/7/08		Date 7/7/08	

Reviewed by:	Date: 7/7	Entered by:	R.S.O. by: _____	S/O by: _____
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