



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>220107293</u>	Document No. <u>01</u>	Permit Type (check one only): ☒ PL ☐ SP ☐ SD ☐ LAA
Borough <u>Bronx</u> Block <u>3071</u> Lot <u>46</u> House No <u>2232</u>	Street Name <u>Adams Place</u>	
2 Permit Applicant E-Mail:		Business Phone (718) 292-7334 Fax No. (718) 641-4626
Last Name <u>SORICHETTI</u>	First Name <u>FRANK</u>	M.I. Business Name <u>FJS PLUMBING, INC</u>
Address <u>15 CANAL PLACE</u> City <u>BRONX</u> State <u>NY</u> ZIP <u>10451</u>		License No. <u>1106</u> ☒ LMP ☐ LFSC
3 Inspection Data Inspection/test scheduled for: <u>11/22/11</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>Cel, 1, 2</u> ☐ 100pm ☐ 1:30 ☐ 2:00 ☐ 2:30 ☐ 3:00 Meeting Location: <u>F08</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		
	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	☐	☐	☐																						
Gas Tested at psi																									
☐ 3 psi ☐ 50 psi																									
☐ 90 psi ☐ 100 psi																									
												Hydrostatic 63/09 ☐ 75 Ft ☐ 100 Ft													

REJECTED

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 (718) 292-7334 Fax No. (718) 641-4626	
Last Name <u>SORICHETTI</u> First Name <u>FRANK</u> M.I. Business Name <u>FJS PLUMBING, INC</u>	
Address <u>15 CANAL PLACE</u> City <u>BRONX</u> State <u>ny</u> ZIP <u>10451</u> License No. <u>1106</u> ☒ 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 §28-21.1 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 FRANK J SORICHETTI	SEAL
Signature <u>Frank Sorichetti</u>	Print Name of Permit Applicant or Alternative licensee from same firm (LMP/LFSC) FRANK J SORICHETTI
Date <u>11.22.11</u>	Signature <u>Frank Sorichetti</u>
	Date <u>11.22.11</u>
	SEAL <u>10351291</u>

FOR DOB USE ONLY	Reviewed by: _____ Date: _____ Entered by: _____ R.S.O. by: _____ S/O by: _____
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General Liability Insurance 9-22-11