



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. 220116256		Document No. 01		Permit Type (check one only): ☒ PL ☐ SP ☐ SD ☐ LAA	
Borough BRONX		Block 5947 Lot 1		House No 655 Street Name WEST 254 STREET	
2 Permit Applicant E-Mail: SKYVIEWINC@OPTONLINE.NET Business Phone (718) 324-1386 Fax No. (718) 994-6008					
Last Name SCHIAVO		First Name ANTHONY		M.I. Business Name SKYVIEW HEATING & AIR CONDITIIONING	
Address 4513 BYRON AVE		City BRONX		State NY ZIP 10466 License No. 1123 ☐ LMP ☐ LFSC	
3 Inspection Data Inspection/test scheduled for: 05/14/12 (mm/dd/yy) Time: ☐ 8:00am ☒ 8:30 ☐ 9:00 ☐ 9:30 ☐ 10:00 ☐ 10:30 ☐ 11:00 ☐ 11:30 ☐ 12:30pm					
Apts and Floors: BASEMENT ☐ 100pm ☐ 1:30 ☐ 2:00 ☐ 2:30 ☐ 3:00 Meeting Location: FRONT OF BUILDING					

4 Notice/Result (Select one: PL, SP, SD only)																	
Systems: Plumbing (PL)						Systems: Sprinkler (SP)						Systems: Standpipe (SD)					
Inspections						Inspections						Inspections					
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	Notice	Results
	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					

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: SKYVIEWINC@OPTONLINE.NET Business Phone (718) 324-1386 Fax No. (718) 994-6008	
Last Name SCHIAVO First Name ANTHONY M.I. Business Name SKYVIEW HEATING & AIR CONDITIIONING	
Address 4513 BYRON AVE City BRONX State N ZIP 10466 License No. 1123 ☒ 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 ANTHONY SCHIAVO		SEAL	
Signature <i>Anthony Schiavo</i>		Signature <i>Anthony Schiavo</i>	
Date 05-15-2012		Date 05-15-2012	
Reviewed by: <i>[Signature]</i>		Reviewed by: <i>[Signature]</i>	
Date: 5/21/12		Date: 5/21/12	
Entered by: <i>[Signature]</i>		Entered by: <i>[Signature]</i>	
R.S.O. by: <i>[Signature]</i>		R.S.O. by: <i>[Signature]</i>	
S/O by: <i>[Signature]</i>		S/O by: <i>[Signature]</i>	