



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>220250403</u>	Document No. <u>01</u>	Permit Type (check one only): ☒ PL ☐ SP ☐ SD ☐ LAA
Borough <u>Bronx</u>	Block <u>5271</u> Lot <u>49</u> House No <u>2249</u>	Street Name <u>New England Thruway</u>
2 Permit Applicant E-Mail:		Business Phone (718) 347-1939 Fax No. (718) 843-1237
Last Name <u>Robbins</u> First Name <u>Eric</u> M.I. <u>S</u>		Business Name <u>NORTHEAST PLBG & HTG CORP</u>
Address <u>266-19 HILLSIDE AVE</u> City <u>Floral Park</u> State <u>NY</u> ZIP <u>11004</u>		License No. <u>2210</u> ☒ LMP ☐ LFSC
3 Inspection Data Inspection/test scheduled for: <u>2/4/14</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>1st FL</u> ☐ 100pm ☐ 1:30 ☐ 2:00 ☐ 2:30 ☐ 3:00 Meeting Location: <u>Front of building</u>		

4 Notice/Result (Select one: PL, SP, SD only)														
Systems: Inspections					Systems: Inspections					Systems: Inspections				
Plumbing (PL)					Sprinkler (SP)					Standpipe (SD)				
Underground	Results	Notice	Results	Notice	Underground	Results	Notice	Results	Notice	Underground	Results	Notice	Results	Notice
Pass	Fail	Pass	Fail	Pass	Pass	Fail	Pass	Fail	Pass	Pass	Fail	Pass	Fail	Pass
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	Pass	Fail	Notice	Results	Pass	Fail	Notice	Results	Notice	Results	Pass	Fail	Notice
Hydrostatic - PL					Hydrostatic - SP					Hydrostatic - SD				
Water - Sanitary					Dry Pipe Valve					Fire Pump				
Pressure - Water					Booster Pump									
Water Storm														
Gas										Hydrostatic 63/09				
Medical Gas														
Gas tested at psi										75 Ft 100 Ft				
☐ 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 (718) 347-1237 Fax No. (718) 843-1237

Last Name Robbins First Name Eric M.I. S Business Name NORTHEAST PLBG & HTG CORP

Address 266-19 HILLSIDE AV City Floral Park State N ZIP 11004 License No. 2210 ☒ 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>Eric Robbins</u>	SEAL	Print Name of Permit Applicant or Alternative licensee from same firm (LMP/LFSC) <u>Eric Robbins</u>	SEAL
Signature		Signature	
Date <u>2/5/14</u>		Date <u>2/5/14</u>	

FOR DOB USE ONLY
Reviewed by: Date: Entered by: R.S.O. by: S.O. by: