

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. 220259805		Document No. 01		Permit Type (check one only): ☒ PL ☐ SP ☐ SD ☐ LAA	
Borough Bronx		Block 4273 Lot 5 House No 1130		Street Name Neill Avenue	
2 Permit Applicant		E-Mail: newplbg@aol.com		Business Phone (718) 931-7570 Fax No. (718) 931-7604	
Last Name Sikoscov		First Name Michael		M.I. Business Name New Plumbing & Heating Corp.	
Address 1536 Stillwell Avenue		City Bronx		State NY ZIP 10461 License No. 584 ☒ LMP ☐ LFSC	
3 Inspection Data		Inspection/test scheduled for: 7/30/13 (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: C-1-2		☐ 100pm ☐ 1:30 ☒ 2:00 ☐ 2:30 ☐ 3:00 Meeting Location: FUB			

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	Notice	Results						
			Pass	Fail		Pass	Fail		Pass	Fail				Pass	Fail		Pass	Fail		Pass	Fail				Pass	Fail		Pass	Fail
Sprinkler - PL			☐	☐		☐	☐		☐	☐				☐	☐		☐	☐				☐	☐		☐	☐		☐	☐
Water/Sanitary - PL		☐	☐	☐		☐	☐		☒	☐				☐	☐		☐	☐				☐	☐		☐	☐		☐	☐
Storm - PL		☐	☐	☐		☐	☐		☐	☐				☐	☐		☐	☐				☐	☐		☐	☐		☐	☐
Gas - PL			☐	☐		☐	☐		☒	☐				☐	☐		☐	☐				☐	☐		☐	☐		☐	☐
Medical Gas - PL			☐	☐		☐	☐		☐	☐				☐	☐		☐	☐				☐	☐		☐	☐		☐	☐
Tests		Notice	Results																										
			Pass	Fail																									
Hydrostatic - PL		☐	☐	☐																									
Water - Sanitary			☐	☐																									
Pressure - Water			☐	☐																									
Water Storm		☐	☐	☐																									
Gas		☐	☐	☐	☐ 3 psi ☐ 50 psi ☐ 90 psi ☐ 100 psi																								
Medical Gas			☐	☐																									
Tests		Notice	Results																										
			Pass	Fail																									
Hydrostatic - SP		☐	☐	☐																									
Dry Pipe Valve		☐	☐	☐																									
Booster Pump			☐	☐																									
Tests		Notice	Results																										
			Pass	Fail																									
Hydrostatic - SD		☐	☐	☐																									
Fire Pump		☐	☐	☐																									
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: newplbg@aol.com		Business Phone (718) 931-7570		Fax No. (718) 931-7604	
Last Name Sikoscow		First Name Michael		M.I. Business Name New Plumbing & Heating Corp.	
Address 1536 Stillwell Avenue		City Bronx		State NY ZIP 10461 License No. 584 ☒ 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 Michael Sikoscow	SEAL	Print Name of Permit Applicant or Alternative licensee from same firm (LMP/LFSC) Michael Sikoscow	SEAL
Signature <i>Michael Sikoscow</i>		Signature <i>Michael Sikoscow</i>	
Date 7/30/13		Date 7/30/13	

Reviewed by: CO, Date: 7/31/13, Entered by: CO, R.S.O. by: _____, S/O by: _____