



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.220338132		Document No.01		Permit Type (check one only) ☒ PL ☐ SP ☐ SD ☐ AA	
Borough BRONX		Block 3731 Lot 31 House No 1044		Street Name LELAND AVE	
2 Permit Applicant E-Mail		Business Phone (718) 8880213		Fax No (718) 2285873	
Last Name POLADIAN First Name DUANE M D		Business Name C&T PLUMBING & HEATING INC			
Address 136-81 ROOSEVELT A City FLUSHING State NY ZIP 11354		License No 2025		☒ LMP ☐ LFSC	
3 Inspection Data Inspection/test scheduled for 07/31/15 (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: BAS,CEL,OSP,001,002 ☐ 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		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
		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		Notice	Results																				
		Pass	Fail																				
Hydrostatic - PL		☐	☐																				
Water - Sanitary		☐	☐																				
Pressure - Water		☐	☐																				
Water Storm		☐	☐																				
Gas		☒	☒	Gas Tested at psi ☒ 3 psi ☐ 50 psi ☐ 90 psi ☐ 100 psi																			
Medical Gas		☐	☐																				
Hydrostatic - SP		☐	☐																				
Dry Pipe Valve		☐	☐																				
Booster Pump		☐	☐																				
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 3 Location(s) (Floor/Apt) OSP		No. of Risers 3 Location(s) (Floor/Apt) OSP THRU 2ND FL ☐ 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) 8880213		Fax No (718) 2285873	
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Address 136-81 ROOSEVELT City FLUSHING State N ZIP 11354 License No 2025		☒ 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 DUANE D. POLADIAN		SEAL	
Signature		Signature	
Date 08-12-2015		Date 08-12-2015	
Reviewed by: Date: 8/2/15 Entered by: R.S.O. by: _____ S/O by: _____			