



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.

DEPT BLDGS 220391993 Job Number

ESH53956118 Scan Code

|                                                                                                                                                                                                                                                                                                                                                                                   |                        |                                                                                                                                                           |                                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <b>1 Permit No.</b> 220919993                                                                                                                                                                                                                                                                                                                                                     | <b>Document No.</b> 01 | Permit Type (check one only): <input checked="" type="checkbox"/> PL <input type="checkbox"/> SP <input type="checkbox"/> SD <input type="checkbox"/> LAA |                                                                                                  |
| Borough Bronx                                                                                                                                                                                                                                                                                                                                                                     | Block 5141 Lot 6       | House No 200                                                                                                                                              | Street Name Baychester Ave                                                                       |
| <b>2 Permit Applicant</b> E-Mail: dyckmanplumbing@yahoo.com                                                                                                                                                                                                                                                                                                                       |                        | Business Phone (212) 219-0112                                                                                                                             | Fax No. (212) 219-9621                                                                           |
| Last Name Mundo                                                                                                                                                                                                                                                                                                                                                                   | First Name Julio       | M.I.                                                                                                                                                      | Business Name Dyckman Plumbing and Heating Inc                                                   |
| Address 116 Eldridge ST, 1L                                                                                                                                                                                                                                                                                                                                                       | City New York          | State NY                                                                                                                                                  | ZIP 10002 License No. 1445 <input checked="" type="checkbox"/> LMP <input type="checkbox"/> LFSC |
| <b>3 Inspection Data</b> Inspection/test scheduled for: 12/04/14 (mmddyy) Time: <input type="checkbox"/> 8:00am <input type="checkbox"/> 8:30 <input type="checkbox"/> 9:00 <input type="checkbox"/> 9:30 <input checked="" type="checkbox"/> 10:00 <input type="checkbox"/> 10:30 <input type="checkbox"/> 11:00 <input type="checkbox"/> 11:30 <input type="checkbox"/> 12:30pm |                        |                                                                                                                                                           |                                                                                                  |
| Apts and Floors: 001 <input type="checkbox"/> 100pm <input type="checkbox"/> 1:30 <input type="checkbox"/> 2:00 <input type="checkbox"/> 2:30 <input type="checkbox"/> 3:00 Meeting Location: in front of building                                                                                                                                                                |                        |                                                                                                                                                           |                                                                                                  |

| <b>4 Notice/Result</b> (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                     | Pass                     | Fail                     |  |  |  |
| Sprinkler - PL                                       |  |  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/>                              | <input type="checkbox"/> | <input type="checkbox"/> | Sprinkler - SP       |  |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fire Standpipe - SD  |                          |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |  |  |
| Water/Sanitary - PL                                  |  |  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/>                              | <input type="checkbox"/> | <input type="checkbox"/> |                      |  |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Alarm Sys 64/09      |                          |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |  |  |
| Storm - PL                                           |  |  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>                                         | <input type="checkbox"/> | <input type="checkbox"/> |                      |  |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                      |                          |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |  |  |
| Gas - PL                                             |  |  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>                                         | <input type="checkbox"/> | <input type="checkbox"/> |                      |  |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                      |                          |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |  |  |
| Medical Gas - PL                                     |  |  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>                                         | <input type="checkbox"/> | <input type="checkbox"/> |                      |  |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                      |                          |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |  |  |
| <b>Tests</b>                                         |  |  | Notice                   | Results                             |                          |                                                                  |                          | <b>Tests</b>             |                      |  | Notice                   | Results                  |                          |                          |                          | <b>Tests</b>             |                          |                      | Notice                   | Results                  |                          |                          |                          |                          |                          |                          |  |  |  |
|                                                      |  |  | Pass                     | Fail                                |                          |                                                                  |                          |                          |                      |  | Pass                     | Fail                     |                          |                          |                          |                          |                          |                      | Pass                     | Fail                     |                          |                          |                          |                          |                          |                          |  |  |  |
| Hydrostatic - PL                                     |  |  | <input type="checkbox"/> | <input type="checkbox"/>            |                          |                                                                  |                          | Hydrostatic - SP         |                      |  | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          | Hydrostatic - SD         |                          |                      | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |                          |                          |                          |  |  |  |
| Water - Sanitary                                     |  |  | <input type="checkbox"/> | <input type="checkbox"/>            |                          |                                                                  |                          | Dry Pipe Valve           |                      |  | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          | Fire Pump                |                          |                      | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |                          |                          |                          |  |  |  |
| Pressure - Water                                     |  |  | <input type="checkbox"/> | <input type="checkbox"/>            |                          |                                                                  |                          | Booster Pump             |                      |  | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |                          |                          |                      | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |                          |                          |                          |  |  |  |
| Water Storm                                          |  |  | <input type="checkbox"/> | <input type="checkbox"/>            |                          |                                                                  |                          |                          |                      |  | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |                          |                          |                      | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |                          |                          |                          |  |  |  |
| Gas                                                  |  |  | <input type="checkbox"/> | <input type="checkbox"/>            |                          |                                                                  |                          |                          |                      |  | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |                          |                          |                      | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |                          |                          |                          |  |  |  |
| Medical Gas                                          |  |  | <input type="checkbox"/> | <input type="checkbox"/>            |                          |                                                                  |                          |                          |                      |  | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |                          |                          |                      | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |                          |                          |                          |  |  |  |
|                                                      |  |  |                          |                                     |                          | Gas Tested at psi                                                |                          |                          |                      |  |                          |                          |                          |                          |                          |                          |                          |                      |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |
|                                                      |  |  |                          |                                     |                          | <input type="checkbox"/> 3 psi <input type="checkbox"/> 50 psi   |                          |                          |                      |  |                          |                          |                          |                          |                          |                          |                          |                      |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |
|                                                      |  |  |                          |                                     |                          | <input type="checkbox"/> 90 psi <input type="checkbox"/> 100 psi |                          |                          |                      |  |                          |                          |                          |                          |                          |                          |                          |                      |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |

|                                                                           |                                                                  |
|---------------------------------------------------------------------------|------------------------------------------------------------------|
| Additional Information/Comments:                                          |                                                                  |
| <input type="checkbox"/> Submitted with minor variations, described here: |                                                                  |
| <input type="checkbox"/> Legalization                                     | <input type="checkbox"/> Gas to Gas Appliance Direct Replacement |
| <input type="checkbox"/> Remove/Cap                                       | <input type="checkbox"/> Detention                               |
| <input type="checkbox"/> Drywell/Retention                                |                                                                  |

|                                                                                                                                                                                      |                                          |                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|---------------------------------------------------------------------|
| <b>5 Gas Meters/Risers Data</b> (Check all applicable to this inspection. Include gas usages for each listed meter(s)/riser(s))                                                      |                                          | <input type="checkbox"/> Gas requested for listed meters and risers |
| No. of Meters: Location(s) (Floor/Apt.):                                                                                                                                             | No. of Risers: Location(s) (Floor/Apt.): | <input type="checkbox"/> Welded Gas Piping                          |
| Gas usage: <input type="checkbox"/> Heat <input type="checkbox"/> Boiler Pilot for oil burner <input type="checkbox"/> Water Heater <input type="checkbox"/> Dryer                   |                                          |                                                                     |
| <input type="checkbox"/> Cooking <input type="checkbox"/> Tankless Coil <input type="checkbox"/> HVAC <input type="checkbox"/> Fire Place <input type="checkbox"/> Other (describe): |                                          |                                                                     |

|                                                                 |                  |                               |                                                                                                                                                              |
|-----------------------------------------------------------------|------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>6 Certifying Applicant</b> E-Mail: dyckmanplumbing@yahoo.com |                  | Business Phone (212) 219-0112 | Fax No. (212) 219-9621                                                                                                                                       |
| Last Name Mundo                                                 | First Name Julio | M.I.                          | Business Name Dyckman Plumbing and Heating Inc                                                                                                               |
| Address 116 Eldridge St, 1L                                     | City New York    | State NY                      | ZIP 10002 License No. 1445 <input checked="" type="checkbox"/> LMP <input type="checkbox"/> LFSC <input type="checkbox"/> P.E. <input type="checkbox"/> 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<br>Julio Mundo | SEAL | Print Name of Permit Applicant or Alternative licensee from same firm (LMP/LFSC)<br>Julio Mundo | SEAL |
| Signature                                         |      | Signature                                                                                       |      |
| Date<br>12-08-2014                                |      | Date<br>12-08-2014                                                                              |      |

Reviewed by: \_\_\_\_\_, Date: 11/5/14, Entered by: \_\_\_\_\_, R.S.O. by: \_\_\_\_\_, S/O by: \_\_\_\_\_