

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 Job No. 220455718



Scan Code ESHS8317017

1 Permit No. <u>220455718</u>		Document No. <u>01</u>		Permit Type (check one only): ☒ PL ☐ SP ☐ SD ☐ LAA	
Borough <u>Bronx</u>	Block <u>2481</u>	Lot <u>1</u>	House No <u>1270</u>	Street Name <u>Gerard Ave</u>	
2 Permit Applicant		E-Mail		Business Phone (718) 893-4104 Fax No (718) 641-4626	
Last Name <u>Bateman</u>		First Name <u>George</u>		MI <u>S</u>	
Address <u>3183 E Tremont Ave</u>		City <u>Bronx</u>		State <u>NY</u> ZIP <u>10461</u> License No. <u>1463</u> ☒ LMP ☐ LFSC	
3 Inspection Data		Inspection/test scheduled for <u>9/14/15</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>cellar</u>		☐ 100pm ☐ 1:30 ☐ 2:00 ☐ 2:30 ☐ 3:00		Meeting Location: <u>FOB</u>	

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								
Sprinkler - PL		Pass	Fail		Pass	Fail		Pass	Fail	Sprinkler - SP		Pass	Fail		Pass	Fail		Pass	Fail	Fire Standpipe - SD		Pass	Fail		Pass	Fail		Pass	Fail
Water/Sanitary - PL																													
Storm - PL																													
Gas - PL																													
Medical Gas - PL																													
Tests	Notice	Results								Tests	Notice	Results								Tests	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																				Hydrostatic 63/09									
				<u>Gas Tested at psi</u> ☐ 3 psi ☐ 50 psi ☐ 90 psi ☐ 100 psi																				☐ 75 Ft ☐ 100 Ft					

Additional Information/Comments: 30-12 is not required for hot water heater.

☐ 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

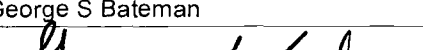
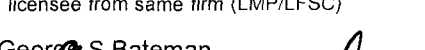
No. of Meters.	Location(s) (Floor/Apt.)	No. of Risers	Location(s) (Floor/Apt.)	☐ Welded Gas Piping
Gas usage:	☐ Heat	☐ Boiler Pilot for oil burner	☐ Water Heater	☐ Dryer
☐ Cooking	☐ Tankless Coil	☐ HVAC	☐ Fire Place	☐ Other (describe)

6 Certifying Applicant E-Mail: _____ Business Phone (718) 893-4104 Fax No (718) 641-4626

Last Name	Bateman	First Name	George	M I S	Business Name	George S Bateman Plbg&Htg
Address	3183 E Tremont Ave	City	Bronx	State	NY ZIP	10461 License No 1463
						☒ 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 George S Bateman	SEAL 	Print Name of Permit Applicant or Alternative licensee from same firm (LMP/LFSC) George S Bateman	SEAL 
Signature 		Signature 	
Date 9/14/15		Date 9/14/15	

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

Revised 01-08-2010 QP-98