



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. 240045900		Document No. 01		Permit Type (check one only): ☒ PL ☐ SP ☐ SD ☐ LAA	
Borough BRONX		Block 2934 Lot 35 House No 664		Street Name JEFFERSON AVE	
2 Permit Applicant E-Mail: CAPE4009@YAHOO.COM Business Phone (718) 882-1281 Fax No. (718) 655-7339					
Last Name CASH		First Name GERI		M I K Business Name CAPE PLUMBING INC	
Address 4008A Bronxwood Ave		City BRONX		State NY ZIP 10466 License No. 001137 ☒ LMP ☐ LFSC	
3 Inspection Data Inspection/test scheduled for 11/16/15 (mmddyy) Time ☐ 8:00am ☐ 8:30 ☐ 9:00 ☐ 9:30 ☐ 10:00 ☐ 10:30 ☐ 11:00 ☒ 11:30 ☐ 12:30pm					
Apts and Floors: CEL BAS OSP 001 002 ☐ 100pm ☐ 1:30 ☐ 2:00 ☐ 2:30 ☐ 3:00 Meeting Location: IN FRONT OF BUILDING					

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												
Sprinkler - PL				Pass		Fail		Pass		Fail	Sprinkler - SP				Pass		Fail		Pass		Fail	Fire Standpipe - SD				Pass		Fail		Pass		Fail						
Water/Sanitary - PL																																						
Storm - PL																																						
Gas - PL																																						
Medical Gas - PL																																						
Tests			Notice	Results							Tests			Notice	Results							Tests			Notice	Results												
Hydrostatic - PL				Pass		Fail							Hydrostatic - SP				Pass		Fail							Hydrostatic - SD				Pass		Fail						
Water - Sanitary													Dry Pipe Valve													Fire Pump												
Pressure - Water													Booster Pump													Hydrostatic 63/09												
Water Storm																																						
Gas																																						
Medical Gas																																						

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 2 Location(s) (Floor/Apt.): CELLAR BAS THRU 002 ☐ 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: CAPE4008@YAHOO.COM Business Phone (718) 882-1281718 Fax No. (718) 655-7339				
Last Name Cash		First Name geri		M I K Business Name CAPE PLUMBING INC
Address 4008A Bronxwood Ave		City BRONX		State NY ZIP 10466 License No. 001137 ☒ 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 GERI CASH		SEAL	
Signature <i>[Signature]</i>		Signature <i>[Signature]</i>	
Date 11/16/15		Date 11/16/15	

Reviewed by: <i>[Signature]</i>	Date: 11/16/15	Entered by: <i>[Signature]</i>	R.S.O. by: <i>[Signature]</i>	S/O by: <i>[Signature]</i>
---------------------------------	-----------------------	--------------------------------	-------------------------------	----------------------------