



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.

Permit No. 01 Permit Type (check one only): ☐ PL ☒ SP ☐ SD ☐ ARA
House No 85 Street Name South Oxford Street

2 Permit Applicant E-Mail: Business Phone (718) 837-0200 Fax No. (718) 641-4626
Last Name CHIOFALO First Name VINCENZO M.I. Business Name LAFATA CORALLO PLUMBING & HEATING
Address 1414 65 STREET City BROOKLYN State NY ZIP 11219 License No. 11 ☐ LMP ☒ LFSC

3 Inspection Data Inspection/test scheduled for: 11/19/08 (mmddyy) Time: ☒ 8:00am ☐ 8:30 ☐ 9:00 ☐ 9:30 ☐ 10:00 ☐ 10:30 ☐ 11:00 ☐ 11:30 ☐ 12:30pm
Apts/Floors: Att. Cel. mezz, 1, 2 ☐ 1:00pm ☐ 1:30 ☐ 2:00 ☐ 2:30 ☐ 3:00 Meeting Location: FAB

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		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													
Water Storm																						
Gas																						
Medical Gas																						
Additional Information/Comments: <u>PP85, water meter permit, tap letter attached</u>																						
☐ 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. for this inspection): No. of Risers: Location(s) (Floor/Apt. for this inspection):
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) 837-0200 Fax No. (718) 641-4626
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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 §26-124 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 <u>VINCENZO CHIOFALO</u>	SEAL	Print Name of Permit Applicant or Alternative licensee from same firm (LMP/LFSC) <u>VINCENZO CHIOFALO</u>	SEAL
Signature <u>Vincenzo Chiofalo</u>		Signature <u>Vincenzo Chiofalo</u>	
Date <u>11.19.08</u>		Date <u>11.19.08</u>	

FOR DOB USE ONLY
Reviewed by: VG, Date: 12/24/08, Entered by: VG, R.S.O. by: VG, S/O by: VG