



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.

Document No. 01	Permit Type (check one only): ☐ PL ☒ SP ☐ SD ☐ ARA			
Borough brooklyn	Block 1896	Lot 17	House No 169	Street Name classon avenue

2 Permit Applicant E-Mail:		Business Phone (718) 361-6048	Fax No. (718) 234-0490
Last Name Buono	First Name Valentino	M.I.	Business Name hydro tech mech
Address 63 flushing ave	City brooklyn	State ny	ZIP 11205
License No. 772		☐ LMP	☒ LFSC

3 Inspection Data	Inspection/test scheduled for: 03/07/08 (mmddyy)	Time: ☒ 8:00am ☐ 8:30 ☐ 9:00 ☐ 9:30 ☐ 10:00 ☐ 10:30 ☐ 11:00 ☐ 11:30 ☐ 12:30pm
Apts/Floors: 1, 2 floors	☐ 1:00pm ☐ 1:30 ☐ 2:00 ☐ 2:30 ☐ 3:00 Meeting Location: front entrance	

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																							
Water Storm																																			
Gas																																			
Medical Gas																																			
Additional Information/Comments: fp 85 is attached																																			
☐ 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) 361-6048	Fax No. (718) 234-0490
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License No. 772		☐ 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 §28-124 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 VALENTINO BUONO		SEAL	Print Name of Permit Applicant or Alternative licensee from same firm (LMP/LFSC) VALENTINO BUONO	SEAL
Signature <i>Valentino Buono</i>			Signature <i>Valentino Buono</i>	
Date 03/07/08			Date 03/07/08	

Reviewed by:	Date:	Entered by:	R.S.O. by:	S/O by:
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