



# 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 6334 Lot 67 House No 2015 Street Name 85 Street

2 Permit Applicant E-Mail: Flytigerplumbing@yahoo.com Business Phone (212) 966-9738 Fax No. (212) 966-9798  
Last Name Cheung First Name Kin M.I. Business Name Flytiger Plumbing & Heating LTD.  
Address 122 Forsyth Street City New York State NY ZIP 10002 License No. 1667 ☒ LMP ☐ LFSC

3 Inspection Data Inspection/test scheduled for: 03 / 19 / 08 (mmddyy) Time: ☐ 8:00am ☐ 8:30 ☐ 9:00 ☐ 9:30 ☐ 10:00 ☐ 10:30 ☐ 11:00 ☐ 11:30 ☐ 12:30pm  
Apts/Floors: Basement ☒ 1:00pm ☐ 1:30 ☐ 2:00 ☐ 2:30 ☐ 3:00 Meeting Location: In front of the building.

| 4 Notice/Result (Select one: PL, SP, SD only) |         |          |         |                      |         |          |         |                      |         |          |         |
|-----------------------------------------------|---------|----------|---------|----------------------|---------|----------|---------|----------------------|---------|----------|---------|
| Systems: Inspections                          |         |          |         | Systems: Inspections |         |          |         | Systems: Inspections |         |          |         |
| Plumbing (PL)                                 |         |          |         | Sprinkler (SP)       |         |          |         | Standpipe (SD)       |         |          |         |
| Underground                                   |         | Roughing |         | Underground          |         | Roughing |         | Underground          |         | Roughing |         |
| Notice                                        | Results | Notice   | Results | Notice               | Results | Notice   | Results | Notice               | Results | Notice   | Results |
| Pass                                          | Fail    | Pass     | Fail    | Pass                 | Fail    | Pass     | Fail    | Pass                 | Fail    | Pass     | Fail    |
| Sprinkler - PL                                |         |          |         | Sprinkler - SP       |         |          |         | Fire Standpipe - SD  |         |          |         |
| Water/Sanitary - PL                           |         |          |         |                      |         |          |         |                      |         |          |         |
| Storm - PL                                    |         |          |         |                      |         |          |         |                      |         |          |         |
| Gas - PL                                      |         |          |         |                      |         |          |         |                      |         |          |         |
| Medical Gas - PL                              |         |          |         |                      |         |          |         |                      |         |          |         |
| Tests                                         |         |          |         | Tests                |         |          |         | Tests                |         |          |         |
| 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                                   |         |          |         |                      |         |          |         |                      |         |          |         |

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. for this inspection): Basement (existing) No. of Risers: 3 Location(s) (Floor/Apt. for this inspection): Basement (existing)  
Gas usage: ☒ Heat ☐ Boiler Pilot for oil burner ☒ Water Heater ☐ Dryer  
☐ Cooking ☐ Tankless Coil ☐ HVAC ☐ Fire Place ☐ Other (describe):

6 Certifying Applicant E-Mail: Flytigerplumbing@yahoo.com Business Phone (212) 966-9738 Fax No. (212) 966-9798  
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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 Kin Cheung  
Signature Date 03/19/2008  
SEAL   
Print Name of Permit Applicant or Alternative licensee from same firm (LMP/LFSC) Kin Cheung  
Signature Date 03/19/2008  
SEAL

Reviewed by: DS, Dates: 3/24/08 Entered by: 3/24/08, R.S.O. by: \_\_\_\_\_, S/O by: \_\_\_\_\_  
Revised 12-04-2006 OP-98