



# OP-98 Notice/Results—Self-Certification Sprinkler, Standpipe Inspection

A copy of this completed notice must be retained.

DEPT. BLDGS 310088632 Job Number  
SC080702601 Scan Code

|                        |                                 |                                                                                                                                                           |
|------------------------|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 Permit No. 310088632 | Document No. 01                 | Permit Type (check one only): <input checked="" type="checkbox"/> PL <input type="checkbox"/> SP <input type="checkbox"/> SD <input type="checkbox"/> ARA |
| Borough BROOKLYN       | Block 3002 Lot 12 House No 1225 | Street Name FLUSHING AVENUE                                                                                                                               |

|                                              |                               |                                                                       |
|----------------------------------------------|-------------------------------|-----------------------------------------------------------------------|
| 2 Permit Applicant E-Mail: MMANNY122@AOL.COM | Business Phone (718) 424-2524 | Fax No. (718) 424-0689                                                |
| Last Name ARANDA                             | First Name MANUEL             | M.I.                                                                  |
| Address 98-11 ASTORIA BLVD.                  | City EAST ELMHURST            | State NY ZIP 11369                                                    |
| License No. 1969                             |                               | <input checked="" type="checkbox"/> LMP <input type="checkbox"/> LFSC |

|                       |                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                              |
|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3 Inspection Data     | Inspection/test scheduled for: 08 / 12 / 08 (mmddyy)                                                                                                                                  | Time: <input type="checkbox"/> 8:00am <input type="checkbox"/> 8:30 <input type="checkbox"/> 9:00 <input type="checkbox"/> 9:30 <input type="checkbox"/> 10:00 <input type="checkbox"/> 10:30 <input type="checkbox"/> 11:00 <input type="checkbox"/> 11:30 <input type="checkbox"/> 12:30pm |
| Apts/Floors: 1ST. FL. | <input type="checkbox"/> 1:00pm <input type="checkbox"/> 1:30 <input checked="" type="checkbox"/> 2:00 <input type="checkbox"/> 2:30 <input type="checkbox"/> 3:00 Meeting Location:. |                                                                                                                                                                                                                                                                                              |

| 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 |  |  |  |  |  |  |
|                                               |  |  | Pass          | Fail    | Pass     | Fail    | Pass   | Fail    |                      |  |                  | 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                                         |  |  | 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                                   |  |  |               |         |          |         |        |         |                      |  |                  |                |         |          |         |        |         |                      |  |  |                |                  |          |         |        |         |  |  |  |  |  |  |

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)) |                                                      |                                                      |                                       | <input type="checkbox"/> Gas requested for listed meters and risers |
| No. of Meters: 1                                                                                                         | Location(s) (Floor/Apt. for this inspection): CELLAR |                                                      | No. of Risers: 1                      | Location(s) (Floor/Apt. for this inspection): CELLAR-1ST. FL.       |
| Gas usage:                                                                                                               | <input type="checkbox"/> Heat                        | <input type="checkbox"/> Boiler Pilot for oil burner | <input type="checkbox"/> Water Heater | <input type="checkbox"/> Dryer                                      |
| <input checked="" type="checkbox"/> Cooking                                                                              | <input type="checkbox"/> Tankless Coil               | <input type="checkbox"/> HVAC                        | <input type="checkbox"/> Fire Place   | <input type="checkbox"/> Other (describe):                          |

|                                                  |                               |                                                                                                                                   |
|--------------------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| 6 Certifying Applicant E-Mail: MMANNY122@AOL.COM | Business Phone (718) 424-2524 | Fax No. (718) 424-0689                                                                                                            |
| Last Name ARANDA                                 | First Name MANUEL             | M.I.                                                                                                                              |
| Address 98-11 ASTORIA BLVD.                      | City EAST ELMHURST            | State NY ZIP 11369                                                                                                                |
| License No. 1969                                 |                               | <input checked="" type="checkbox"/> LMP <input type="checkbox"/> LFSC <input type="checkbox"/> P.E. <input type="checkbox"/> R.A. |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |                                                                                                   |      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------------------------------------------------------------------------------|------|
| 7 Applicant Statements and Signatures <input checked="" type="checkbox"/> All Comments resolved, review for sign-off <input checked="" type="checkbox"/> 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<br>MANUEL ARANDA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | SEAL | Print Name of Permit Applicant or Alternative licensee from same firm (LMP/LFSC)<br>MANUEL ARANDA | SEAL |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      | Signature                                                                                         |      |
| Date<br>08/19/08                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      | Date<br>08/19/08                                                                                  |      |

|              |               |             |            |             |
|--------------|---------------|-------------|------------|-------------|
| Reviewed by: | Date: 8/20/08 | Entered by: | R.S.O. by: | S/O by: S/O |
|--------------|---------------|-------------|------------|-------------|