



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 7122 Lot 10 House No 228 Street Name Avenue U

2 Permit Applicant E-Mail: Business Phone (718) 488-6000 Fax No. (718) 246-4803
Last Name Pikulin First Name Roman M.I. Business Name Rom Piping and Heating, Inc
Address 161 Van Dyke Street City Brooklyn State NY ZIP 11231 License No. 1672 ☒ LMP ☐ LFSC

3 Inspection Data Inspection/test scheduled for: 09/05/08 (mmddyy) Time: ☒ 8:00am ☐ 8:30 ☐ 9:00 ☐ 9:30 ☐ 10:00 ☐ 10:30 ☐ 11:00 ☐ 11:30 ☐ 12:30pm
Apts/Floors: 001 ☐ 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		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	Notice	Results	Notice	Results	Notice	Results
	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								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: 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) 488-6000 Fax No. (718) 246-4803
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Address 161 Van Dyke Street City Brooklyn State NY ZIP 11231 License No. 1672 ☒ 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 §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 Roman Pikulin	SEAL	Print Name of Permit Applicant or Alternative licensee from same firm (LMP/LFSC) Roman Pikulin	SEAL
Signature <i>Roman Pikulin</i>		Signature <i>Roman Pikulin</i>	
Date 09.05.2008		Date 09.05.2008	

FOR DOB USE ONLY
Reviewed by: , Date: 9/6/08, Entered by: , R.S.O. by: , S/O by: