



OP98 Notice/Results—Self-Cert Sprinkler, Standpipe Inspec

A copy of this completed notice must be retained



1 Permit No. 310239685	Document No. 01	Permit Type (check one only): ☒ PL ☐ SP ☐ SD ☐ ARA
Borough BROOKLYN	Block 856 Lot 61 House No 537	Street Name 59 ST

2 Permit Applicant E-Mail: CATMAN747@HOTMAIL.COM	Business Phone (718) 460-1300	Fax No. (718) 460-1372
Last Name MIDROY	First Name ROBERT	M.I.A. Business Name CATMAN PLUMBING INC
Address 36-05C COLLEGE POINT BLVD City FLUSHING	State NY ZIP 11354	License No. 747 ☒ LMP ☐ LFSC

3 Inspection Data	Inspection/test scheduled for: 06 / 01 / 09 (mmddyy)	Time: ☐ 8:00am ☐ 8:30 ☒ 9:00 ☐ 9:30 ☐ 10:00 ☐ 10:30 ☐ 11:00 ☐ 11:30 ☐ 12:30pm
Apts/Floors: CELL, OSP, 1, 2, 3 FL	☐ 1:00pm ☐ 1:30 ☐ 2:00 ☐ 2:30 ☐ 3:00	Meeting Location: FRONT OF BUILDING

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
Sprinkler - PL			☐	☐	☐	☐				☐	☐	☐	☐				☐	☐	☐	☐
Water/Sanitary - PL			☐	☐	☐	☐				☐	☐	☐	☐				☐	☐	☐	☐
Storm - PL			☐	☐	☐	☐				☐	☐	☐	☐				☐	☐	☐	☐
Gas - PL			☐	☐	☐	☐				☐	☐	☐	☐				☐	☐	☐	☐
Medical Gas - PL			☐	☐	☐	☐				☐	☐	☐	☐				☐	☐	☐	☐
Tests			Notice	Results	Notice	Results				Notice	Results	Notice	Results				Notice	Results	Notice	Results
Hydrostatic - PL			☐	☐	☐	☐				☐	☐	☐	☐				☐	☐	☐	☐
Water - Sanitary			☐	☐	☐	☐				☐	☐	☐	☐				☐	☐	☐	☐
Pressure - Water			☐	☐	☐	☐				☐	☐	☐	☐				☐	☐	☐	☐
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: CATMAN747@HOTMAIL.COM	Business Phone (718) 460-1300	Fax No. (718) 460-1372
Last Name MIDROY	First Name ROBERT	M.I.A. Business Name CATMAN PLUMBING INC
Address 36-05C COLLEGE POINT BLVD City FLUSHING	State NY ZIP 11354	License No. 747 ☒ 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	SEAL	Print Name of Permit Applicant or Alternative licensee from same firm (LMP/LFSC)	SEAL
MIDROY A. ROBERT		MIDROY A. ROBERT	
Signature		Signature	
Date 06/01/09		Date 06/01/09	

FOR DOB USE ONLY	Reviewed by:	Date: 6-4-09	Entered by:	R.S.O. by:	S/O by:
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