



Buildings

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.



1 Permit No. 310303356		Document No. 01		Permit Type (check one only): ☒ PL ☐ SP ☐ SD ☐ LAA	
Borough BROOKLYN		Block 5700 Lot 73 House No 815		Street Name 59 STREET	
2 Permit Applicant E-Mail: catmanplumbing@yahoo.com		Business Phone (718) 4601300		Fax No. (718) 4601372	
Last Name MIDROY		First Name ROBERT		M.I. A Business Name CATMAN PLUMBING INC	
Address 36-05 C College Pt Blvd		City FLUSHING		State NY ZIP 11354 License No. 747 ☒ LMP ☐ LFSC	
3 Inspection Data		Inspection/test scheduled for: 5/7/12 (mmddyy)		Time: ☐ 8:00am ☐ 8:30 ☐ 9:00 ☐ 9:30 ☐ 10:00 ☐ 10:30 ☐ 11:00 ☐ 11:30 ☐ 12:30pm	
Apts and Floors: CEL, 01, ROOF		☐ 1:00pm ☐ 1:30 ☒ 2:00 ☐ 2:30 ☐ 3:00 Meeting Location: F/O BLDG			

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																													
				Gas Tested at psi																									
				☐ 3 psi ☐ 50 psi																									
				☐ 90 psi ☐ 100 psi																									

Additional Information/Comments: BOILER CARD SUBMITTED											
☐ 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: 6 Location(s) (Floor/Apt.): CELLAR No. of Risers: 6 Location(s) (Floor/Apt.): CELLAR THRU 3, 1, ROOF ☐ Welded Gas Piping											
Gas usage: ☒ Heat ☐ Boiler Pilot for oil burner ☐ Water Heater ☐ Dryer											
☐ Cooking ☐ Tankless Coil ☐ HVAC ☐ Fire Place ☐ Other (describe):											
6 Certifying Applicant E-Mail: catmanplumbing@yahoo.com Business Phone (718) 4601300 Fax No. (718) 4601372											
Last Name MIDROY First Name ROBERT M.I. A Business Name CATMAN PLUMBING INC											
Address 36-05 C College Pt 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 §28-211.1 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			
ROBERT A MIDROY								ROBERT A MIDROY							
Signature								Signature							
Date								Date							
05-08-2012								05-08-2012							

FOR DOB USE ONLY											
Reviewed by: [Signature] Date: 5/23/12 Entered by: [Signature] R.S.O. by: [Signature] S/O by: [Signature]											