



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. 320031167		Document No. 01		Permit Type (check one only): ☒ PL ☐ SP ☐ SD ☐ LAA	
Borough BROOKLYN Block 5920 Lot 33 House No 574		Street Name 73RD STREET			
2 Permit Applicant E-Mail: CAPEPLBG2@YAHOO.COM		Business Phone (718) 882-1281		Fax No. (718) 655-7339	
Last Name CASH First Name GERI M.I. K Business Name CAPE PLUMBING INC.					
Address 4008A Bronxwood Ave City BRONX State NY ZIP 10466 License No. 001137		☒ LMP ☐ LFSC			
3 Inspection Data Inspection/test scheduled for: 04/13/10 (mmddyy) Time: ☐ 8:00am ☐ 8:30 ☐ 9:00 ☒ 9:30 ☐ 10:00 ☐ 10:30 ☐ 11:00 ☐ 11:30 ☐ 12:30pm					
Apts and Floors: CEL, 001, 002 ☐ 1:00pm ☐ 1:30 ☐ 2:00 ☐ 2:30 ☐ 3:00 Meeting Location: IN FRONT OF BUILDING					

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

☐ 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: 2 Location(s) (Floor/Apt.): CELLAR (2EXISTING) No. of Risers: 2 Location(s) (Floor/Apt.): cellar thru 2nd floor ☐ 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: CAPEPLBG2@YAHOO.COM Business Phone (718) 882-1281 Fax No. (718) 655-7339

Last Name CASH First Name GERI M.I. K Business Name CAPE PLUMBING INC.

Address 4008A Bronxwood Ave City BRONX State NY ZIP 10466 License No. 001137 ☒ 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 GERI CASH	SEAL	Print Name of Permit Applicant or Alternative licensee from same firm (LMP/LFSC) GERI CASH	SEAL
Signature		Signature	
Date 4/15/10		Date 4/15/10	

Reviewed by: [Signature], Date: 4/16/10, Entered by: [Signature], R.S.O. by: [Signature], S/O by: [Signature]