



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. 320031194		Document No. 01		Permit Type (check one only): ☐ PL ☒ SP ☐ SD ☐ LAA	
Borough Brooklyn		Block 8701	Lot 31	House No 110	
Street Name NEPTUNE AVENUE					
2 Permit Applicant E-Mail: info@safetyfiresprinkler.com Business Phone (718) 633-3036 Fax No. (718) 633-4593					
Last Name Shteierman		First Name Avi		M.I. 	
Business Name Safety Fire Sprinkler Corp.					
Address 1070 38th Street		City Brooklyn		State NY ZIP 11219 License No. 771-B ☐ LMP ☒ LFSC	
3 Inspection Data Inspection/test scheduled for: 07/03/14 (mmddyy) Time: ☐ 8:00am ☐ 8:30 ☒ 9:00 ☐ 9:30 ☐ 10:00 ☐ 10:30 ☐ 11:00 ☐ 11:30 ☐ 12:30pm					
Apts and Floors: OSP ROF 001-007 ☐ 1:00pm ☐ 1:30 ☐ 2:00 ☐ 2:30 ☐ 3:00 Meeting Location: 					

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
	Pass Fail		Pass Fail		Pass Fail		Pass Fail		Pass Fail		Pass Fail		Pass Fail		Pass Fail		Pass Fail
Sprinkler - PL	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Water/Sanitary - PL	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Storm - PL	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Gas - PL	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Medical Gas - PL	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Tests						Tests						Tests					
	Notice	Results					Notice	Results					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:

☐ 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.): No. of Risers: Location(s) (Floor/Apt.): ☐ 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: **info@safetyfiresprinkler.com** Business Phone **(718) 633-3036** Fax No. **(718) 633-4593**

Last Name **Shteierman** First Name **Avi** M.I. Business Name **Safety Fire Sprinkler Corp.**

Address **1070 38th Street** City **Brooklyn** State **N** ZIP **11219** License No. **771-B** ☐ 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 §29-211.1 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 Avi Shteierman	SEAL	Print Name of Permit Applicant or Alternative licensee from same firm (LMP/LFSC) Avi Shteierman	SEAL
Signature		Signature	
Date 07-08-2014		Date 07-08-2014	

FOR BOB USE ONLY

Reviewed by: **1**, Date: **7/16/14**, Entered by: **1**, R.S.O. by: **1**, S/O by: **1**