



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.

DEPT.BLDGS 320032335 Job Number
SC090819602 Scan Code

1 Permit No. 320032335 Document No. 01 Permit Type (check one only): ☒ PL ☐ SP ☐ SD ☐ LAA
Borough BROOKLYN Block 5569 Lot 26 House No 1850 Street Name 67 ST
2 Permit Applicant E-Mail: CTPLGHEATINGINC@YAHOO.COM Business Phone (718) 888-0213 Fax No. (718) 228-5873
Last Name POLADIAN First Name DUANE M.I.D Business Name C&T PLUMBING & HEATING INC
Address 379 5 AVENUE City BROOKLYN State NY ZIP 11215 License No. 2025 ☒ LMP ☐ LFSC
3 Inspection Data Inspection/Test scheduled for: 08/12/09 (mmddyy) Time: ☐ 8:00am ☐ 8:30 ☐ 9:00 ☐ 9:30 ☒ 10:00 ☐ 10:30 ☐ 11:00 ☐ 11:30 ☐ 12:30pm
Apts and Floors: CEL ☐ 1:00pm ☐ 1:30 ☐ 2:00 ☐ 2:30 ☐ 3:00 Meeting Location: FRONT OF BLDG

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	Pass	Fail	Notice	Results	Pass	Fail	Notice	Results	Pass	Fail	Notice	Results	Pass	Fail	Notice	Results	Pass	Fail	Notice	Results	Pass	Fail	Notice	Results	Pass	Fail				
Sprinkler - PL																																
Water/Sanitary - PL																																
Storm - PL																																
Gas - PL																																
Medical Gas - PL																																
Tests	Notice	Results	Pass	Fail					Tests	Notice	Results	Pass	Fail					Tests	Notice	Results	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: 2 Location(s) (Floor/Apt. for this inspection): CEL No. of Risers: 2 Location(s) (Floor/Apt. for this inspection): CEL
Gas usage: ☒ Heat ☐ Boiler Pilot for oil burner ☒ Water Heater ☐ Dryer
☐ Cooking ☐ Tankless Coil ☐ HVAC ☐ Fire Place ☐ Other (describe):
6 Certifying Applicant E-Mail: CTPLGHEATINGINC@YAHOO.COM Business Phone (718) 888-0213 Fax No. (718) 228-5873
Last Name POLADIAN First Name DUANE M.I.D Business Name C&T PLUMBING & HEATING INC
Address 379 5 AVE City BROOKLYN State NY ZIP 11215 License No. 2025 ☒ 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: DUANE D. POLADIAN
Signature: [Signature] Date: 08-12-2009
SEAL: [Seal]
Print Name of Permit Applicant or Alternative licensee from same firm (LMP/LFSC): DUANE D. POLADIAN
Signature: [Signature] Date: 08-12-2009
SEAL: [Seal]

FOR DOB USE ONLY
Reviewed by: DS Date: 8/20/09 Entered by: [Signature] R.S.O. by: [Signature] S/O by: [Signature]
Revised 06-01-2009 OP-98