



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. 320071649	Document No. 01	Permit Type (check one only): ☒ PL ☐ SP ☐ SD ☐ LAA
Borough Brooklyn Block 5429 Lot 36 House No 931	Street Name KOSTER AVE	
2 Permit Applicant E-Mail:	Business Phone (718) 606-0700	Fax No. (718) 891-7631
Last Name HELD First Name GABI M.I.	Business Name EMR MECHANICAL CORP.	
Address 43-01 VERNON BLVD City LIC State NY ZIP 11101 License No. 761	☒ LMP ☐ LFSC	
3 Inspection Data Inspection/test scheduled for: 1/5/10 (m/d/yyyy) Time: ☐ 8:00am ☐ 8:30 ☐ 9:00 ☐ 9:30 ☐ 10:00 ☐ 10:30 ☐ 11:00 ☐ 11:30 ☐ 12:30pm		
Apts and Floors: CEL, 1, 2, 3, O.S.P.	☐ 1:00pm ☐ 1:30 ☐ 2:00 ☐ 2:30 ☒ 3:00 Meeting Location:	

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												
Sprinkler - PL				Pass		Fail			Sprinkler - SP				Pass		Fail			Fire Standpipe - SD				Pass		Fail														
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																																						

Additional Information/Comments:

☒ Submitted with minor variations, described here: **NO CAP/REMOVE. 3 INDIRECT HW TANKS**

☐ 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: **3** Location(s) (Floor/Apt.): **O.S.P.** No. of Risers: **3** Location(s) (Floor/Apt.): **CEL, 1, 2, 3** ☐ 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: Business Phone (718) 606-0700 Fax No. (718) 891-7631

Last Name **HELD** First Name **GABI** M.I. Business Name **EMR MECHANICAL CORP.**

Address **43-01 VERNON BLVD** City **LIC** State **NY** ZIP **11101** License No. **761** ☒ LMP ☐ LFSC ☐ P.E. ☐ R.A.

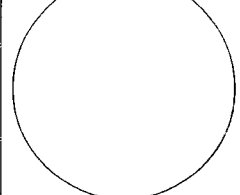
7 Applicant Statements and Signatures ☒ All Comments resolved, review for sign-off ☐ All required back-up documents attached

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

GABI HELD

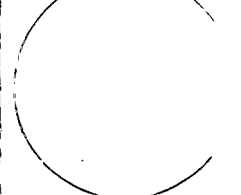
SEAL



Print Name of Permit Applicant or Alternative licensee from same firm (LMP/LFSC)

GABI HELD

SEAL



Signature

Date

1.5.10

Signature

Date

1.5.10

Reviewed by: **[Signature]**, Date: **1/7/11**, Entered by: **[Signature]**, R.S.O. by: **[Signature]**, S/O by: **[Signature]**