



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. 320140398-01-SP		Document No. 01		Permit Type (check one only): ☐ PL ☒ SP ☐ SD ☐ LAA	
Borough Brooklyn		Block 5677 Lot 37 House No 5406		Street Name 14 Ave	
2 Permit Applicant E-Mail:		Business Phone (718) 797-5011		Fax No. (718) 234-0490	
Last Name Buono		First Name Valentino		M.I.	
Address 63 Flushing Ave		City Brooklyn		State NY ZIP 11205 License No. 772	
3 Inspection Data		Inspection/test scheduled for: 07/19/11 (monday) Time: 8:00am		☐ 8:30 ☐ 9:00 ☐ 9:30 ☐ 10:00 ☐ 10:30 ☐ 11:00 ☐ 11:30 ☐ 12:30pm	
Apts and Floors:		cel, 0sp, 1-6, roof		☐ 100pm ☒ 8:30 ☐ 2:00 ☐ 2:30 ☐ 3:00 Meeting Location: front entrance	

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						Sprinkler - SP						Fire Standpipe - SD					
Water/Sanitary - PL																	
Storm - PL																	
Gas - PL																	
Medical Gas - PL												Alarm Sys 64/09					
Tests						Tests						Tests					
	Pass Fail		Pass Fail		Pass Fail		Pass Fail		Pass Fail		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																	
Gas Tested at psi: ☐ 3 psi ☐ 50 psi ☐ 90 psi ☐ 100 psi																	

Additional Information/Comments: for sign off only.

☐ 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: Business Phone (718) 797-5011 Fax No. (718) 234-0490

Last Name Buono First Name Valentino M.I. Business Name Hydro Tech Mech

Address 63 Flushing Ave City Brooklyn State NY ZIP 11205 License No. 772 ☐ 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 statements 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 VALENTINO BUONO	SEAL	Print Name of Permit Applicant or Alternative licensee from same firm (LMP/LFSC) VALENTINO BUONO	SEAL
Signature		Signature	
Date 07/19/11		Date 07/19/11	

FOR DOB USE ONLY

Reviewed by: , Date: 7/21/11, Entered by: , R.S.O. by: , S/O by: