



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. 320162596-01-PL	Document No. 01	Permit Type (check one only): ☒ PL ☐ SP ☐ SD ☐ LAA
Borough BROOKLYN	Block 2248 Lot 1	House No 203
Street Name WALLABOUT STREET		
2 Permit Applicant E-Mail:		Business Phone (718) 234-1345 Fax No. (718) 234-0490
Last Name Litvinenko	First Name Mikhail	M.I.
Business Name Headquarters Mechanical Inc		
Address 1545 63rd Street	City Brooklyn	State NY ZIP 11219
License No. 2102		☒ LMP ☐ LFSC
3 Inspection Data Inspection/test scheduled for: 5/23/12 (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,OSP,ROOF, 1-6 FLOORS ☒ 100pm ☐ 1:30 ☐ 2:00 ☐ 2:30 ☐ 3:00 Meeting Location: FRONT ENTRANCE		

4 Notice/Result (Select one: PL, SP, SD only)											
Systems: Plumbing (PL)				Systems: Sprinkler (SP)				Systems: Standpipe (SD)			
Inspections				Inspections				Inspections			
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			
Sprinkler - PL				Sprinkler - SP				Fire Standpipe - SD			
Water/Sanitary - PL											
Storm - PL											
Gas - PL											
Medical Gas - PL								Alarm Sys 64/09			
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: ALL COMMENTS RESOLVED PLEASE REVIEW FOR SIGN OFF

☐ 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.):	
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) 234-1345		Fax No. (718) 234-0490			
Last Name Litvinenko	First Name Mikhail	M.I.	Business Name Headquarters Mechanical Inc		
Address 1545 63rd Street	City Brooklyn	State NY ZIP 11219	License No. 2102	☒ 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		SEAL	Print Name of Permit Applicant or Alternative licensee from same firm (LMP/LFSC)		SEAL
MIKHAIL LITVINENKO			MIKHAIL LITVINENKO		
Signature			Signature		
Date 5-23-12			Date 5-23-12		

Reviewed by: , Date: 5/31/12, Entered by: VG, R.S.O. by: , S/O by:

Need fire water permit

320

162

596

5-31-12