



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. 320248941		Document No. 01		Permit Type (check one only): ☐ PL ☒ SP ☐ SD ☐ LAA	
Borough BROOKLYN Block 7603 Lot 54 House No 1092		Street Name EAST 22 ST			
2 Permit Applicant E-Mail: _____ Business Phone (718) 527-5117 Fax No. ()					
Last Name DRUMMOND First Name LLOYD M.I. _____		Business Name LLOYD DRUMMOND PLBG AND GEN			
Address 231-38 MERRICK BLV City LAURELTON State NY ZIP 11413 License No. 656		☐ LMP ☒ LFSC			
3 Inspection Data Inspection/test scheduled for: 03/19/13 (weekday) Time: ☒ 8:00am ☐ 8:30 ☐ 9:00 ☐ 9:30 ☐ 10:00 ☐ 10:30 ☐ 11:00 ☐ 11:30 ☐ 12:30pm					
Apts and Floors: ATT, CEL, OSP, 1, 2 ☐ 100pm ☐ 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	Notice	Results	Notice	Results	Notice	Results	Notice	Results	Notice	Results	Notice	Results	Notice	Results	Notice	Results	Notice	Results	Notice	Results	Notice	Results	
Sprinkler - PL	☐	☐	☐	☐	☐	☐	☐	Sprinkler - SP	☐	☐	☐	☐	☒	☒	☐	Fire Standpipe - SD	☐	☐	☐	☐	☐	☐	☐	☐
Water/Sanitary - PL	☐	☐	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	☐	☐	☐
Storm - PL	☐	☐	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	☐	☐	☐
Gas - PL	☐	☐	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	☐	☐	☐
Medical Gas - PL	☐	☐	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	☐	☐	☐
Tests						Tests						Tests												
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: _____	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) 527-5115 Fax No. ()

Last Name DRUMMOND First Name LLOYD M.I. _____	Business Name LLOYD DRUMMOND PLBG AND GEN
Address 231-38 MERRICK BLV City BROOKLYN State N ZIP 11413 License No. 656	☐ LMP ☒ LFSC ☐ P.E. ☐ RA

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 §20-211.1 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.

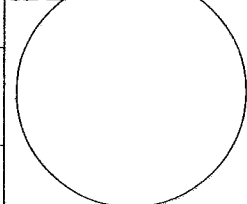
Print Name of Certifying Applicant

LLOYD G. DRUMMOND

Signature

Date
03-26-2013

SEAL



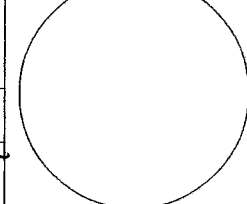
Print Name of Permit Applicant or Alternative licensee from same firm (LMP/LFSC)

LLOYD G. DRUMMOND

Signature

Date
03-26-2013

SEAL

Reviewed by: **LA**Date: **4-16**Entered by: **JCH 4/18/13**

R.S.O. by: _____

S/O by: _____