



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. 320313380		Document No. 01		Permit Type (check one only): ☒ PL ☐ SP ☐ SD ☐ LAA	
Borough Brooklyn Block 3229 Lot 41 House No 11		Street Name Dodworth Street			
2 Permit Applicant E-Mail:		Business Phone (718) 204-5544		Fax No. (917) 832-6232	
Last Name EURICH First Name ROBERT M.I. L		Business Name J SILVA SPRINKLER & PLUMBING INC.			
Address 2115 ASTORIA BLVD City ASTORIA State NY ZIP 11102 License No. 848		☒ LMP ☐ LFSC			
3 Inspection Data Inspection/test scheduled for: 09/25/14 (mmddyy) Time: ☐ 8:00am ☒ 8:30 ☐ 9:00 ☐ 9:30 ☐ 10:00 ☐ 10:30 ☐ 11:00 ☐ 11:30 ☐ 12:30pm					
Apts and Floors: 01, 02, 03 ☐ 1:00pm ☐ 1:30 ☐ 2:00 ☐ 2:30 ☐ 3:00 Meeting Location: FOB					

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					
Notice		Results				Notice		Results				Notice		Results			
	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												Hydrostatic 63/09					
												75 Ft 100 Ft					

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) 204-5544 Fax No. (917) 832-6232

Last Name **EURICH** First Name **ROBERT** M.I. **L** Business Name **J SILVA SPRINKLER & PLUMBING INC.**

Address **2115 ASTORIA BLVD** City **ASTORIA** State **NY** ZIP **11102** License No. **848** ☒ 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 ROBERT L EURICH		SEAL	Print Name of Permit Applicant or Alternative licensee from same firm (LMP/LFSC) ROBERT L EURICH		SEAL
Signature <i>Robert L Eurich</i>			Signature <i>Robert L Eurich</i>		
Date 10/02/2014			Date 10/02/2014		

FOR DOB USE ONLY