



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. 320375367-01-PL		Document No. 01		Permit Type (check one only): ☒ PL ☐ SP ☐ SD ☐ LAA	
Borough BKLYN		Block 4547 Lot 16 House No 980		Street Name CRESCENT STREET	
2 Permit Applicant E-Mail: PJM41659@AOL.COM Business Phone (718) 579-0700 Fax No. (718) 441-5782					
Last Name MICELI		First Name PETER		M.I.	
Address 5337 PRESTON CT		City BROOKLYN		State NY ZIP 11234 License No. 1824	
3 Inspection Data Inspection/test scheduled for: 06/13/14 (mmddyy) Time: ☒ 8:00am ☐ 8:30 ☐ 9:00 ☐ 9:30 ☐ 10:00 ☐ 10:30 ☐ 11:00 ☐ 11:30 ☐ 12:30pm					
Apts and Floors: CELL, OSP ☐ 100pm ☐ 1:30 ☐ 2:00 ☐ 2:30 ☐ 3:00 Meeting Location: FRONT OF BUILDING					

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			
	Pass Fail		Pass Fail		Pass Fail		Pass Fail		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	☐	☐	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	☐	☐	☐	☐	
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	☐	☐	☐																							
			Gas Tested at psi																							
			☐ 3 psi ☐ 50 psi																							
			☐ 90 psi ☐ 100 psi																							

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				
☐ Heat					☐ Boiler Pilot for oil burner					☐ Water Heater				
☐ Cooking					☐ Tankless Coil					☐ HVAC				
☐ Fire Place					☐ Other (describe):									
6 Certifying Applicant E-Mail: PJM41659@AOL.COM Business Phone (718) 579-0700 Fax No. (718) 441-5782														
Last Name MICELI					First Name PETER					M.I.				
Address 5337 PRESTON CT					City BROOKLYN					State NY ZIP 11234 License No. 1824				
☒ 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		Print Name of Permit Applicant or Alternative licensee from same firm (LMP/LFSC)	
PETER MICELI		PETER MICELI	
Signature		Signature	
Date 06-16-2014		Date 06-16-2014	

Reviewed by: _____, **Date:** _____, **Entered by:** JCH 6/27/14 **R.S.O. by:** _____, **S/O by:** _____