

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.320419999		Document No.01		Permit Type (check one only):		☒ PL		☐ SP		☐ SD		☐ LAA	
Borough Brooklyn		Block 6282 Lot 3		House No 8015		Street Name 15th Avenue							
2 Permit Applicant		E-Mail: mwasoff@wasoffplumbing.com				Business Phone (718) 387-1400				Fax No. (516) 739-2748			
Last Name Wasoff		First Name Marvin		M.I.		Business Name Wasoff Plumbing & Utility Co.,Inc.							
Address 36-05C College Pt Blvd		City Flushing		State NY		ZIP 11354		License No. 868		☒ LMP		☐ LFSC	
3 Inspection Data		Inspection/test scheduled for: 05/24/12 (mmddyy)				Time: ☐ 8:00am		☒ 8:30		☐ 9:00		☐ 9:30	
								☐ 10:00		☐ 10:30		☐ 11:00	
										☐ 11:30		☐ 12:30pm	
Apts and Floors: Cel, OSP,001,002		☐ 100pm		☐ 1:30		☐ 2:00		☐ 2:30		☐ 3:00 Meeting		Location: In Front	

4 Notice/Result (Select one: PL, SP, SD only)																													
Systems: Inspections			Plumbing (PL)						Systems: Inspections			Sprinkler (SP)						Systems: Inspections			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			
Sprinkler - PL		Pass	Fail		Pass	Fail		Pass	Fail	Sprinkler - SP		Pass	Fail		Pass	Fail		Pass	Fail	Fire Standpipe - SD		Pass	Fail		Pass	Fail		Pass	Fail
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																				Hydrostatic 63/09									

Additional Information/Comments: ☐ Submitted with minor variations, described here:

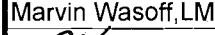
☐ Legalization ☐ Gas to Gas Appliance Direct Replacement ☒ Remove/Cap ☐ Detention ☐ Drywell/Retention

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: 3		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: mwasoff@wasoffplumbing.com		Business Phone (718) 387-1400		Fax No. (516) 739-2748	
Last Name Wasoff		First Name Marvin		M.I.	
Address 36-05C College Pt Bly		City Flushing		State N	
ZIP 11354		License No 868		☒ LMP ☐ LFSC ☐ P.E. ☐ R.A.	
Business Name Wasoff Plumbing & Utility Co., Inc.					

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 Marvin Wasoff, LMP	SEAL	Print Name of Permit Applicant or Alternative licensee from same firm (LMP/LFSC) Marvin Wasoff, LMP	SEAL
			
Signature		Signature	
Date 05-24-2012		Date 05-24-2012	

FOR DOE USE ONLY
Reviewed by: _____, Date: _____, Entered by: ACACLD, R.S.O. by: _____, S/O by: 1/5/30/12

Revised 01-08-2010 OP-98