



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. 320463752		Document No. 01		Permit Type (check one only) ☐ PL ☒ SP ☐ SD ☐ LAA	
Borough Brooklyn		Block 8786	Lot 96	House No 2747	
2 Permit Applicant E-Mail: starliteph@att.net		Business Phone (718) 256-6100		Fax No. (718) 256-6232	
Last Name Leiby		First Name Ernest		M.I. 	
Address 1421 63 st		City Brooklyn		State NY ZIP 11219 License No. 677	
3 Inspection Data Inspection/test scheduled for: 05/21/13 (mm/dd/yyyy) Time ☐ 8:00am ☐ 8:30 ☐ 9:00 ☒ 9:30 ☐ 10:00 ☐ 10:30 ☐ 11:00 ☐ 11:30 ☐ 12:30pm					
Apts and Floors: cel, bas, 1, 2, att		☐ 100pm ☐ 1:30 ☐ 2:00 ☐ 2:30 ☐ 3:00 Meeting Location: IFB			

4 Notice/Result (Select one: PL, SP, SD only)											
Systems: Plumbing (PL)				Systems: Sprinkler (SP)				Systems: Standpipe (SD)			
Inspections				Inspections				Inspections			
Underground				Underground				Underground			
Roughing				Roughing				Roughing			
Finish				Finish				Finish			
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											
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: Submitting for sign off with required documents

☐ 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: **starliteph@att.net** Business Phone **(718) 256-6100** Fax No. **(718) 256-6232**

Last Name **Leiby** First Name **Ernest** M.I. Business Name **Starlite Plbg & Htg Corp**

Address **421 63 st** City **Brooklyn** State **N** ZIP **11219** License No. **677** ☐ 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 E. Leiby	SEAL	Print Name of Permit Applicant or Alternative licensee from same firm (LMP/LFSC) E. Leiby	SEAL
Signature		Signature	
Date 05-21-2013		Date 05-21-2013	

Reviewed by: , Date: **5/28/13**, Entered by: , R.S.O. by: , S/O by:

unc-proved pht exist