



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. 320830071		Document No. 01		Permit Type (check one) ☒ PL ☐ SP ☐ SD ☐ AA	
Borough Brooklyn		Block 436	Lot 68	House No 305A	Street Name PRESIDENT STREET
2 Permit Applicant E-Mail office@donatoplmg.com		Business Phone 718-370-9830		Fax No 718-370-9834	
Last Name RUGG		First Name KEVIN		M. Business Name DONATO, INC.	
Address 414 3RD AVENUE		City BROOKLYN		State NY	ZIP 11215
License No 2212		☒ LMP ☐ IFSC			
3 Inspection Data Inspection test scheduled for 10/17/14 Time ☐ 8:00am ☐ 9:30 ☐ 10:00 ☐ 11:00 ☐ 11:30 ☐ 12:00pm					
Apts and Floors CEL, BAS, 1, 2, 3, 4, ROF, 05P ☐ 1:00pm ☐ 1:30 ☐ 2:00 ☒ 2:30 Meeting Location					

4 Notice/Result (Select one PL, SP, SD only)					
Systems: Plumbing (PL)			Systems: Sprinkler (SP)		
Inspections			Inspections		
Underground			Underground		
Notice Results			Notice Results		
Pass Fail			Pass Fail		
Roughing			Roughing		
Notice Results			Notice Results		
Pass Fail			Pass Fail		
Finish			Finish		
Notice Results			Notice Results		
Pass Fail			Pass Fail		
Sprinkler PL			Sprinkler SP		
Water-Sanitary - PL			Fire Standpipe - SD		
Storm - PL			Alarm Sys 64:09		
Gas PL					
Medical Gas PL					
Tests Notice Results			Tests Notice Results		
Pass Fail			Pass Fail		
Hydrostatic - PL			Hydrostatic - SP		
Water - Sanitary			Dry Pipe Valve		
Pressure - Water			Booster Pump		
Water Storm					
Gas					
Medical Gas					
Gas Tested at psi					
☐ 3psi ☐ 50psi					
☐ 90psi ☐ 100psi					

Additional Information/Comments SCHEDULE B AMENDED SHOWING GAS BURNER (GENERATOR) ON ROOF	
☐ Submitted with minor variations described here	
☐ Legalization	☐ Gas to Gas Appliance Direct Replacement
☒ Remove Cap	☐ Extension
☐ Dryer Retention	

5 Gas Meters/Risers Data (Check all applicable to this inspection. Include gas usages for each meter/symptoms.)		☒ Gas requested for listed meters and risers	
No. of Meters 2 Location(s) (Floor/Apt): CELLAR		No. of Risers 2 Location(s) (Floor/Apt): CEL - ROF	
Gas usage ☒ Heat ☐ Boiler Pilot for on burner ☒ Water Heater ☒ Dryer		☐ Welded Gas Piping	
☒ Cooking ☐ Tankless Coil ☒ HVAC ☒ Fire Place ☐ Other (describe)			
6 Certifying Applicant E-Mail		Business Phone 718-370-9830	
Last Name RUGG		First Name KEVIN	
Address 414 3RD AVENUE		City BROOKLYN	
State NY ZIP 11215		License No 2212	
☒ LMP ☐ IFSC ☐ PE ☐ 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 test. I require falsification of any statements or results made under § 28-211.3 of the Administrative Code punishable by a fine or imprisonment or both, and I attest to the truth and integrity of the self-certification program and am responsible for the results of the test.	
Print Name of Certifying Applicant SEAL	Print Name of Permit Applicant or Alternative SEAL
KEVIN RUGG	licensee from same firm (LMP/IFSC)
Signature	Signature
Date 10/17/2014	Date 10/17/2014

Reviewed by:	Date: 10/26/14	Entered by:	R.S.O. by:	S/O by:
--------------	-----------------------	-------------	------------	---------

Application expired

1112989